Case 16-26378 Doc 1 Filed 08/17/16 Entered 08/17/16 10:43:31 Desc Main

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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

### **Official Form 101**

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |                             |   |
|----|---|-----------------------------|---|
|    |   | About Debtor 1:             | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                             |   |
|    | Write the name that is on your government-issued picture identification (for example, | Kimberly First name Rachael | First name                                    |
|    | your driver's license or passport).   | Middle name                 | Middle name                                   |
|    | Bring your picture  | Gillum                      |   |
|    | identification to your meeting with the trustee.                                      | Last name                   | Last name                                     |
|    | with the trustee.   | Suffix (Sr., Jr., II, III)  | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                             |   |
|    | have used in the last 8 years   | First name                  | First name                                    |
|    | Include your married or maiden names.   | Middle name                 | Middle name                                   |
|    |   | Last name                   | Last name                                     |
|    |   | First name                  | First name                                    |
|    |   | Middle name                 | Middle name                                   |
|    |   | Last name                   | Last name                                     |
| 3. | Only the last 4 digits of your Social Security  | xxx - xx - <u>6380</u>      | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer  | OR                          | OR  |
|    | Identification number   | 9xx - xx                    | 9xx - xx                                      |

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Document Gillum Kimberly Rachael Debtor 1 Case Number (if known) \_

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name  Business name  EIN  EIN  | Business name  Business name  EIN  EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 2194 Rossiter Parkway  Number Street  | Number Street   |
|    |  | Plainfield IL 60586 City State ZIP Code WILL County   | City State ZIP Code County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy.   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | I have another reason. Explain. (See 28 U.S.C. § 1408   |
|    |  |   |   |

04001010010 2001

Rachael

Kimberly

Debtor 1

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Case Number (if known)

|     | First Name  | Middle Name                                 |  | Last Name   |  |   |   |
|-----|---|---|--|---|--|---|---|
| Pa  | Tell the Court About You  | ur Bankruptcy                               | Case   |   |  |   |   |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | Bankruptcy<br>ter 7  | •   |  | equired by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.   |   |
|     |   | ☐ Chap                                      | ter 12   |   |  |   |   |
|     |   | ☐ Chap                                      | ter 13   |   |  |   | _ |
| 8.  | How you will pay the fee  | local<br>yours<br>subm                      | court for relf, you mitting you                                    | more details about<br>nay pay with cash,                              | t how you may<br>, cashier's chec  | Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is ttorney may pay with a credit card or check   |   |
|     |   | Appli<br>I requ<br>By la<br>less t<br>pay t | cation for<br>lest that n<br>w, a judge<br>han 150%<br>ne fee in i | ny fee be waived (e may, but is not re of the official pounts). If yo | The Filing Fee<br>(You may reque<br>equired to, waiv<br>verty line that a<br>u choose this o | pose this option, sign and attach the e in Installments (Official Form 103A).  The est this option only if you are filing for Chapter 7.  The eyour fee, and may do so only if your income is police to your family size and you are unable to option, you must fill out the Application to Have the Polynoid file it with your potition. |   |
|     |   | Спар  | ter / Filin  | g Fee Walved (Of  | Ticiai Form 103  | B) and file it with your petition.  | _ |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No □ Yes.                                 | District N   | one   | When   | Case Number<br>MM / DD / YYYY   |   |
|     |   |   | District N   | one   | When   | Case Number   |   |
|     |   |   | District   |   | When   | Case Number   |   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No  |  |   |  | Relationship to you Case Number, if known  MM / DD / YYYY   |   |
|     | annate:   |   |  |   |  | Relationship to you Case Number, if known  MM / DD / YYYY   |   |
| 11. | Do you rent your residence?   | ■ No.<br>□ Yes.                             | residence  | landlord obtained ar<br>??<br>Go to line 12.                          | ment About an E  | nt against you and do you want to stay in your  iviction Judgment Against You (Form 101A) and file it with  |   |

Case 16-26378 Doc 1 Filed 08/17/16 Entered 08/17/16 10:43:31 Desc Main Document Page 4 of 57 Kimberly Rachael Case Number (if known) Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnerhsip, or Street Number LLC. If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. City Zip Code Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| No.  |                           |                           |   |
|------|---------------------------|---------------------------|---|
| Yes. | What is the hazard?       |                           | - |
|      |                           |                           |   |
|      | If immediate attention is | needed, why is it needed? | _ |
|      | Where is the property? _  | Number Street             |   |

City

State

ZIP Code

Kimberly Debtor 1

Rachael

Document

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Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefin | g about |
|--|---------|
| credit counseling because of:          |         |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Kimberly Rachael Document Gillum Page 6 C

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|     | riist Name  | middle Name Last Name  |   |   |
|-----|---|--|---|---|
| Pai | 1 6: Answer These Questions   | for Reporting Purposes   |   |   |
| 16. | What kind of debts do you have?   |  | y consumer debts? Consumer debts! I primarily for a personal, family, or hou                              |   |
|     |   |  | y business debts? Business debts a estment or through the operation of the                                | -   |
|     |   | Yes. Go to line 17.  |   |   |
|     |   | 16c. State the type of debts you   | owe that are not consumer debts or bu   | siness debts.   |
| 17. | Are you filing under Chapter 7?   | No. I am not filing under C  | hapter 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is   |  | ter 7. Do you estimate that after any e. es are paid that funds will be available                         |   |
|     | excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Mo.<br>□Yes.   |   |   |
| 18. | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |
| 19. | How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion     |
| 20. | How much do you estimate your liabilities to be?  | ■ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion |
| Pai | t 7: Sign Below   |  |   |   |
| For | you   | I have examined this petition, and correct.  | I declare under penalty of perjury that   | the information provided is true and  |
|     |   |  | pter 7, I am aware that I may proceed, inderstand the relief available under ea                           | if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed                                      |
|     |   |  | I did not pay or agree to pay someone and read the notice required by 11 U.S.C                            | who is not an attorney to help me fill out § 342(b).  |
|     |   | I request relief in accordance with  | the chapter of title 11, United States C  | code, specified in this petition.   |
|     |   | _  | in fines up to \$250,000, or imprisonme   | money or property by fraud in connection ent for up to 20 years, or both.   |
|     |   | /s/ Kimberly Rachael Signature of Debtor 1   | Gillum  | Signature of Debtor 2   |
|     |   | Executed on08/05/201   | 6   | Executed on   |

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| Debtor 1 | Kimberly   | Rachael     | Gillum    | Case Number (if known)                |
|----------|------------|-------------|-----------|---------------------------------------|
|          | First Name | Middle Name | Last Name | · · · · · · · · · · · · · · · · · · · |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Adam Emil Suchy            | Date        | Date: 08/05/2     | 2016                 |
|----------------------------------|-------------|-------------------|----------------------|
| Signature of Attorney for Debtor | 24.0        | MM / DD / YYYY    | Y                    |
| Adam Emil Suchy                  |             |                   |                      |
| Printed name                     |             |                   | _                    |
| Geraci Law L.L.C.                |             |                   |                      |
| Firm name                        |             |                   | _                    |
| 55 E. Monroe St., #3400          |             |                   |                      |
|                                  |             |                   |                      |
| Number Street                    |             |                   | _                    |
| Number Street                    |             |                   | _                    |
|                                  | II          | 60603             | -                    |
| Chicago                          | IL<br>State | 60603<br>ZIP Code | -                    |
| Chicago                          | State       | ZIP Code          | -<br>-<br>acilaw com |
| Chicago                          | State       |                   | -<br>-<br>acilaw.com |
| Chicago                          | State       | ZIP Code          | -<br>-<br>acilaw.com |

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| Fill in this in           | formation to identif   | fy your case:                    |                              |
|---------------------------|------------------------|----------------------------------|------------------------------|
| Debtor 1                  | Kimberly               | Rachael                          | Gillum                       |
|                           | First Name             | Middle Name                      | Last Name                    |
| Debtor 2                  |                        |                                  |                              |
| (Spouse, if filing)       | First Name             | Middle Name                      | Last Name                    |
| United States             | Bankruptcy Court for t | he : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u><br>(State) |
| Case Number<br>(If known) | r                      |                                  | _                            |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Summarize Your Assets   |                                    |
|---|------------------------------------|
|   | Your assets Value of what you own  |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$ 0                               |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$ 11,200                          |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$ 11,200                          |
|   |                                    |
| Part 2: Summarize Your Liabilities  |                                    |
|   | Your liabilities<br>Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)     2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$11,168                           |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$24,066                           |
|   |                                    |
|   |                                    |
| Part 3: Summarize Your Liabilities  |                                    |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$803.05                           |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J   | \$797.00                           |

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Debtor 1 Kimberly Rachael Gillum Case Number (if known)

**EntriesDescription** <u>AssetsAmount</u> **LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 1,447.37 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00 9g. Total. Add lines 9a through 9f.

First Name

Middle Name

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|--|--|--|---|--|---|--|
| Fill in this in  | formation to ide   | ntify your case and this fili  | ng:   | 0 of 57  | 01.10.101                                       | oo maiii   |
| Debtor 1   | Kimberly   | Rachael  | Gillum  |  |   |  |
|  | First Name   | Middle Name  | Last Name   |  |   |  |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name  | Last Name   |  |   |  |
| United States  | Bankruptcy Court fo  | or the : <u>NORTHERN</u> Distric   | et of <u>ILLINOIS</u>   |  |   |  |
| Case Number  |  |  | (State)   |  |   | Check if this is an  |
| (If known)   |  |  |   |  |   | amended filing   |
| Official F   | <u>orm 106A</u>  | <u>/B</u>  |   |  |   |  |
| Schedul  | e A/B: Pr  | operty   |   |  |   | 12/15  |
| ategory where esponsible for ages, write you out the control of th | you think it fits supplying correur name and cas Describe Each Reven or have any le  | best. Be as complete and a<br>ct information. If more spa<br>e number (if known). Answ<br>sidence, Building, Land, or O<br>gal or equitable interest in  | accurate as possible. If two mode is needed, attach a separater every question.  ther Real Esate You Own or Hampy residence, building, land   | l, or similar property?  | both are equally                                |  |
|  | -  | -  | our entries fro Part 1, includi   |  | >   | \$0.00   |
| Part 2:  | Describe Your Vel  | nicles   |   |  |   |  |
| you own that so  O3. Cars, vans  No.  Yes.  N  A  C  O4. Watercraft  Examples:  No.  Yes.  | Describe Describe Describe Make: Model: Model: Describe Milea Other information:  Jaircraft, motor Boats, trailers, motor Describe | es. If you lease a vehicle, al s, sport utility vehicles, mo  Hyundai  Elantra  2012  65,000  homes, ATVs and other recors, personal watercraft, fishing | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor  Check if this is comm instructions)  Creational vehicles, other vehicles, snowmobiles, motorcycle | ly s and another unity property (see nicles, and accessories accessories | Do not deduct secured the amount of any secured | portion you own?   |
|  |  |  | our entries fro Part 2, includii  | ng any entries for pages<br>>  |   | \$ 3,500.00  |
| Part 3:  | Describe Your Per  | sonal and Household Items  |   |  |   |  |
|  | r have any legal   | or equitable interest in any   | of the following items?   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| Examples:  |  | nishings<br>urniture, linens, china, kitchenw  | are   |  |   |  |
| Yes.   | Describe   | Furniture, linens, small appliar   | ices, table & chairs, bedroom set   |  | \$1,000   | \$ 1,000.00  |

Official Form 106A/B Record # 709594 Schedule A/B: Property Page 1 of 6

Case 16-26378 Rachael

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Desc Main

Middle Name

| 07. | Electronics                          | 3                              |  |       |  |
|-----|--------------------------------------|--------------------------------|--|-------|--|
|     | collections;                         |                                | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games |       |  |
|     | No. Yes.                             | Describe                       | Flat screen TV, computer, printer, music collection, cell phone  | \$300 |  |
| 08. | Collectible                          | s of value                     | riat screen TV, computer, printer, music conection, cen priorie  | \$300 | \$300.00   |
|     | Examples: /                          | Antiques and figuri            | nes; paintings, prints, or other artwork; books, pictures, or other art objects;   |       |  |
|     | stamp, coin                          |                                | collections; other collections, memorabilia, collectibles  |       |  |
|     | Yes.                                 | Describe                       |  |       | \$0.00   |
| 09. |                                      | for sports and                 |  |       |  |
|     |                                      |                                | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments                                |       |  |
|     | Yes.                                 | Describe                       |  |       | \$0.00   |
| 10. | Firearms Examples: I                 | Pistols, rifles, shot          | guns, ammunition, and related equipment  |       |  |
|     | No.                                  |                                |  |       |  |
|     | Yes.                                 | Describe                       |  |       | \$0.00   |
| 11. | Clothes                              |                                |  |       |  |
|     | No.                                  | Everyday clothes,              | furs, leather coats, designer wear, shoes, accessories   |       |  |
|     | Yes.                                 | Describe                       | Everyday clothes   | \$300 | \$300.00   |
| 12. | Jewelry Examples: I gold, silver No. | Everyday jewelry, (            | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |       |  |
|     | Yes.                                 | Describe                       | Everyday jewelry   | \$100 | \$ 100.00  |
| 13. | Non-farm a<br>Examples: I            | nimals<br>Dogs, cats, birds, h | norses   |       |  |
|     | Yes.                                 | Describe                       |  |       | \$ 0.00  |
| 14. | Any other                            | personal and ho                | busehold items you did not already list, including any health aids you did not list  |       | ·  |
|     | Yes.                                 | Describe                       | books, CDs, DVDs & Family Photos   | \$200 | \$ 200.00  |
|     |                                      |                                | of your entries from Part 3, including any entries for pages you have attached   |       | \$1,900.00   |
|     | iorraits. I                          | rence mat mullip               |  |       |  |
| _   |                                      |                                |  |       |  |
| P   | 'art 4:                              | escribe Your Fin               | ancial Assets  |       |  |
|     | art 4:                               |                                | or equitable interest in any of the following?   | ŗ     | Current value of the cortion you own? On ont deduct secured claims or exemptions |
| Do  | you own or  Cash  Examples: I        | have any legal                 |  | ŗ     | oortion you own?<br>Oo not deduct secured claims                                 |
| Do  | you own or                           | have any legal                 | or equitable interest in any of the following?   | ŗ     | oortion you own?<br>Oo not deduct secured claims                                 |

Debtor

Yes.

No.

Yes. Describe.....

Describe.....

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

| Debto | _                | -  | 16-26378 Doc 1   | Filed 08/17/16 Document          | Entered 08/17/16 10:43:31<br>Page 12 of 57 | Desc Main   |          |
|-------|------------------|--|--|----------------------------------|--|-------------|----------|
|       | F                | irst Name  | Middle Name  | Last Name                        |  |             |          |
| 17.   | Examp            | her similar institutions                                     | gs, or other financial accounts; cer<br>s. If you have multiple accounts wit                             |                                  | dit unions, brokerage houses,              |             |          |
|       | Y                | es. Describe   | Account Type:<br>Checking Account  | Institution name:<br>PNC         |  | \$          | 200.00   |
|       |                  |  | Savings Account  | PNC                              |  | <del></del> | 1,000.00 |
|       |                  |  | Checking Account   | PNC                              |  | <u> </u>    | 1,100.00 |
|       |                  |  |  |                                  |  | <br>\$      | 2,300.00 |
| 18.   | Examp            |  | publicly traded stocks<br>estment accounts with brokerage fi   | rms, money market accounts       |  |             |          |
|       | Y                | es. Describe   | Institution or issuer name:  |                                  |  |             |          |
| 19.   | _                | ublicly traded stoc  | ck and interests in incorporat   | ed and unincorporated bus        | sinesses, including an interest in         | \$          | 0.00     |
|       | $\square$        | es. Describe   | Name of Entity and Percent   | t of Ownership:                  |  |             |          |
|       |                  |  |  |                                  |  | \$          | 0.00     |
| 20.   | Negoti<br>Non-ne | able instruments inclu                                       | ate bonds and other negotial<br>ude personal checks, cashiers' che<br>are those you cannot transfer to s | ecks, promissory notes, and mon  | ney orders.                                |             |          |
|       | ΠY               | es. Describe   | Issuer name:   |                                  |  |             |          |
| 21.   | Examp            | ment or pension acoles: Interests in IRA, lo.  des. Describe | ccounts ERISA, Keogh, 401(k), 403(b), thr  Type of account and Institu                                   |                                  | nsion or profit-sharing plans              | <b>\$</b>   | 0.00     |
|       | Ш'               | es. Describe   | Type of account and monta  | non name.                        |  | \$          | 0.00     |
| 22.   | Securi           | ty deposits and pr   | repayments   |                                  |  |             |          |
|       | Examp            |  | posits you have made so that you<br>landlords, prepaid rent, public util                                 |                                  |  |             |          |
|       | ШΥ               | es. Describe   | Institution name or individua  | al:                              |  |             | 0.00     |
| 23.   |                  | ties (A contract for   | r a periodic payment of mone   | ey to you, either for life or fo | or a number of years)                      | \$          | 0.00     |
|       | $\square$ Y      | es. Describe   | Issuer name and descriptio   | n:                               |  |             |          |
| 24.   | 26 U.S           | sts in an education<br>S.C. §§ 530(b)(1), 529<br>lo.         | •  | ified ABLE program, or unc       | der a qualified state tuition program.     | \$          | 0.00     |
|       | =                | es. Describe   | Institution name and descri  | ption. Separately file the reco  | ords of any interests.11 U.S.C. § 521(c):  | \$          | 0.00     |
| 25.   |                  | , <mark>equitable or futu</mark> i<br>lo.                    | re interests in property (othe   | r than anything listed in line   | e 1), and rights or powers                 |             |          |
|       | <b>=</b>         | es. Describe   |  |                                  |  | \$          | 0.00     |
| 26.   |                  | oles: Internet domain i                                      | lemarks, trade secrets, and on<br>names, websites, proceeds from n                                       |                                  | ts   |             |          |

0.00

0.00

Debtor 1

Case 16-26378 Kimberly

Doc 1 Filed 08/17/16

First Name

| y <b>Case 20</b> | Rachael     | <br>Gillum |
|------------------|-------------|------------|
|                  | Middle Name | Last Name  |

Entered 08/17/16 10:43:31 Page 13 of 57 Jumber (if known) Desc Main Current value of the

| Money or property owed to you?  | Current value of the portion you own? Do not deduct secured claims or exemptions  |
|---|---|
| 28. Tax refunds owed to you   |   |
| Yes. Describe   | 1   |
| 29. Family support  | \$0.00  |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  |   |
| Yes. Describe   |   |
| 30. Other amounts someone owes you  | \$0.00  |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  No. |   |
| Yes. Describe   | \$ 0.00   |
| 31. Interest in insurance policies  | J   |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No. Company Name & Beneficiary:                                      |   |
| Yes. Describe   |   |
| 32. Any interest in property that is due you from someone who has died  | \$0.00  |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.                             |   |
| No.   | 7   |
| Yes. Describe   | \$0.00  |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue            | -   |
| No.   | _   |
| Yes. Describe   | \$ <u>0.0</u> 0   |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights  No.   |   |
| Yes. Describe   | 1   |
| 35. Any financial assets you did not already list   | \$0.00  |
| No.   | 1   |
| Yes. Describe   | \$0.00  |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached  |   |
| for Part 4. Write that number here>   | \$2,300.00  |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |   |
| 37. Do you own or have any legal or equitable interest in any business-related property?  |   |
| Yes.  |   |
|   | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 38. Accounts receivable or commissions you already earned   |   |
| Yes. Describe   | 1   |
| _   | \$ <u>0.0</u> 0   |

Kimberly Case 16-26378

Doc 1

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| _  |        |    |  |  |        |   |
|----|--------|----|--|--|--------|---|
| Fi | ret Na | me |  |  | Middle | ı |

|                    | -   | ipment, furnishi   | •   |                        |
|--------------------|---|--|---|------------------------|
|                    |   | Business-related co  | omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  |                        |
|                    | No.   | Describe   |   |                        |
|                    | 1 es.   | Describe   |   | \$ 0.00                |
| 40.                | Machinery   | , fixtures, equip  | nent, supplies you use in business, and tools of your trade   | ·                      |
|                    | No.   |  |   |                        |
|                    | Yes.  | Describe   |   |                        |
| 44                 | Inventory   |  |   | \$0.00                 |
| 41.                | No.   |  |   |                        |
|                    | Yes.  | Describe   |   |                        |
|                    | ш   | 2000   |   | \$0.00                 |
| 42.                | Interests in  | n partnerships o   | r joint ventures  |                        |
|                    | No.   |  | Name of Entity and Percent of Ownership:  |                        |
|                    | Yes.  | Describe   |   |                        |
| 43                 | Customer  | lists mailing lis  | s, or other compilations  | \$0.00                 |
| -10.               | No.   | noto, maning no  | s, or other compliance  |                        |
|                    | Yes.  | Describe   |   |                        |
|                    | _   |  |   | \$0.00                 |
| 44.                | Any busin   | ess-related prop   | erty you did not already list   |                        |
|                    | No.   |  |   |                        |
|                    | Yes.  | Describe   |   | \$ 0.00                |
|                    |   |  |   | \$0.00                 |
| 45.                | Add the do  | ollar value of all   | of your entries from Part 5, including any entries for pages you have attached  |                        |
|                    | for Part 5.   | Write that numb  | er here>  | \$ 0.00                |
|                    |   |  |   |                        |
| G                  |   |  | n- and Commercial Fishing-Related Property You Own or Have an Interest In.<br>/e an interest in farmland, list it in Part 1.                                |                        |
| 46.                |   |  |   |                        |
|                    |   | rii di ilave aliy le   | gai or equitable interest in any farm- or commercial fishing-related property?  |                        |
|                    | No.   | in or mave any le  | gal or equitable interest in any farm- or commercial fishing-related property?  |                        |
|                    | No. Yes.  | Describe   | gal or equitable interest in any farm- or commercial fishing-related property ?   |                        |
|                    | Yes.  | Describe   | gal or equitable interest in any farm- or commercial fishing-related property ?   | \$0.00                 |
| 47.                | Yes.  | Describe   |   | \$ <u>0.0</u> 0        |
| 47.                | Yes.  Farm anim  Examples:  | Describe   |   | \$ <u>0.0</u> 0        |
| 47.                | Yes.  | Describe  nals Livestock, poultry,   |   | \$0.00                 |
| 47.                | Yes.  Farm anim  Examples:  No.   | Describe   |   | \$ <u>0.0</u> 0        |
|                    | Yes.  Farm anim Examples: No. Yes.  Crops—eit   | Describe  nals Livestock, poultry,   | arm-raised fish   | <u>-</u>               |
|                    | Yes.  Farm anim Examples: No. Yes.  Crops—eit   | Describe  Itals Livestock, poultry, Describe  ther growing or leading to the second control of the s | arm-raised fish   | <u>-</u>               |
|                    | Yes.  Farm anim Examples: No. Yes.  Crops—eit   | Describe  nals Livestock, poultry,  Describe   | arm-raised fish   | \$ <u>0.0</u> 0        |
| 48.                | Farm anim Examples: No. Yes.  Crops—eit No. Yes.  | Describe  Describe  ther growing or l  | arm-raised fish   | <u>-</u>               |
| 48.                | Farm anim Examples: No. Yes.  Crops—eit No. Yes.  | Describe  Describe  ther growing or l  | arm-raised fish   | \$ <u>0.0</u> 0        |
| 48.                | Farm anim  Examples:  No.  Yes.  Crops—eit  No.  Yes.   | Describe  Describe  ther growing or l  | arm-raised fish   | \$ <u>0.0</u> 0        |
| <b>48. 49.</b>     | Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and to No. Yes.                        | Describe  Describe  Describe  ther growing or language of the properties of the propert      | narvested  nt, implements, machinery, fixtures, and tools of trade  | \$ <u>0.0</u> 0        |
| <b>48. 49.</b>     | Farm and Series   | Describe  Describe  Describe  ther growing or language of the properties of the propert      | arm-raised fish   | \$\$<br>\$0.00         |
| <b>48. 49.</b>     | Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and No. Yes.                           | Describe  pals Livestock, poultry, Describe  ther growing or l Describe  fishing equipme Describe  fishing supplies  | narvested  nt, implements, machinery, fixtures, and tools of trade  | \$\$<br>\$0.00         |
| <b>48. 49.</b>     | Farm and Series   | Describe  Describe  Describe  ther growing or language of the properties of the propert      | narvested  nt, implements, machinery, fixtures, and tools of trade  | \$\$<br>\$\$<br>\$\$   |
| 48.<br>49.<br>50.  | Farm and No. Yes.  Farm and No. Yes.  Farm and No. Yes.                                       | Describe  pals Livestock, poultry, Describe  ther growing or li Describe  fishing equipme Describe  fishing supplies, Describe   | narvested  nt, implements, machinery, fixtures, and tools of trade  | \$\$<br>\$0.00         |
| 48.<br>49.<br>50.  | Farm and No. Yes.  Farm and No. Yes.  Farm and No. Yes.                                       | Describe  pals Livestock, poultry, Describe  ther growing or li Describe  fishing equipme Describe  fishing supplies, Describe   | arm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed  | \$\$<br>\$\$<br>\$\$   |
| 48.<br>49.<br>50.  | Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and No. Yes.  Farm and Yes.  Any farm- | Describe  pals Livestock, poultry, Describe  ther growing or li Describe  fishing equipme Describe  fishing supplies, Describe   | arm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed  | \$\$<br>\$\$<br>\$\$   |
| 48.<br>49.<br>50.  | Farm and No.  Yes.  Farm and No.  Yes.  Farm and Yes.  Any farm-                              | Describe  nals Livestock, poultry,  Describe  ther growing or l  Describe  fishing equipme  Describe  fishing supplies  Describe  and commercial   | arm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed  | \$\$<br>\$\$<br>\$\$   |
| 48.<br>49.<br>50.  | Farm and No. Yes.  Farm and No. Yes.  Farm and Yes.  Any farm- No. Yes.                       | Describe  nals Livestock, poultry, Describe  ther growing or l Describe  fishing equipme Describe  fishing supplies Describe  and commercial Describe  | arm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed  fishing-related property you did not already list | \$\$<br>\$0.00<br>\$\$ |
| <b>49. 50. 51.</b> | Farm and No.  Yes.  Farm and No.  Yes.  Farm and Yes.  Any farm-  Add the do                  | Describe  ther growing or last pescribe  Describe  fishing equipme  Describe  fishing supplies  Describe  and commercial  Describe   | arm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed  | \$\$<br>\$0.00<br>\$\$ |

Debtor 1

Case 16-26378 Rachael

Doc 1

Desc Main

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| Part 74  Describe All Property You Own or Have an Interest in That You Did Not List Ak                                       | oove        |             |
|--|-------------|-------------|
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No. |             |             |
| Yes. Describe  |             | \$0.00      |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | \$0.00      |             |
| Part 8: List the Totals of Each Part of this Form  |             |             |
| 55. Part 1: Total real estate, line 2  |             | \$ 0.00     |
| 56. Part 2: Total vehicles, line 5   | \$ 3,500.00 |             |
| 57. Part 3: Total personal and household items, line 15  | \$ 1,900.00 |             |
| 58. Part 4: Total financial assets, line 36  | \$ 2,300.00 |             |
| 59. Part 5: Total business-related property, line 45   | \$ 0.00     |             |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00     |             |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00     |             |
| 62. <b>Total personal property.</b> Add lines 56 through 61  | \$ 7,700.00 | \$ 7,700.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62  |             | \$7,700.00  |

| Fill in this in     | nformation to identif     |                                    |                 |
|---------------------|---------------------------|------------------------------------|-----------------|
| Debtor 1            | Kimberly                  | Rachael                            | Gillum          |
|                     | First Name                | Middle Name                        | Last Name       |
| Debtor 2            |                           |                                    |                 |
| (Spouse, if filing) | First Name                | Middle Name                        | Last Name       |
| United States       | s Bankruptcy Court for th | ne : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | :г                        |                                    | (State)         |
| (If known)          |                           |                                    |                 |

### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif         | y the Property You Claim as Exempt                               |                                      |   |                                      |
|-------------------------|--|--------------------------------------|---|--------------------------------------|
| Which set of ex         | emptions are you claiming? Check                                 | k one only, even if your sp          | ouse is filing with you.  |                                      |
| You are clair           | ming state and federal nonbankrupt                               | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                      |
| You are claim           | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                      |
| . For any propert       | y you list on <i>Schedule A/B</i> that yo                        | u claim as exempt, fill in t         | the information below.  |                                      |
| •                       | on of the property and line on<br>hat lists this property        | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | 2012 Hyundai Elantra with over 65,000 miles                      | \$_7,000                             | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00   |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set | \$_1,000                             | <b></b>   | 735 ILCS 5/12-1001(b) - \$1,000.00   |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Flat screen TV, computer, printer, music collection, cell phone  | \$ <u>300</u>                        | <b></b>   | 735 ILCS 5/12-1001(b) - \$300.00     |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Everyday clothes   | \$ <u>300</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$300.00 |
| Line from Schedule A/B: | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
|                         |  |                                      |   |                                      |
| Official Form 106C      | Record # 709594  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |

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Debtor 1 Kimberly

First Name

Middle Name

Last Name

| Brief description of the property and line on<br>Schedule A/B that lists this property |                                     | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|--|-------------------------------------|--------------------------------------|---|--------------------------------------|
|  |                                     | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                      |
| Brief description:   | Everyday jewelry                    | \$_100                               | <b>\_</b> \$  | 735 ILCS 5/12-1001(a),(e) - \$100.00 |
| Line from Schedule A/B:  | 12                                  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:   | books, CDs, DVDs & Family<br>Photos | \$_200                               | <b></b>   | 735 ILCS 5/12-1001(a) - \$200.00     |
| Line from Schedule A/B:  | 14                                  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:   | Checking Account, PNC, 200.00       | \$ 200                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$200.00     |
| Line from Schedule A/B:  | <u>17</u>                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:   | Savings Account, PNC, 1,000.00      | \$_1,000                             | <b>\_</b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00   |
| Line from Schedule A/B:  | <u>17</u>                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:   | Checking Account, PNC, 1,100.00     | \$ <u>1,100</u>                      | <b></b>   | 735 ILCS 5/12-1001(b) - \$1,100.00   |
| Line from Schedule A/B:  | <u>17</u>                           |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| No.  Yes. Did you  No  Yes.  | acquire the property covered by the | e exemption within 1,215 d           | lays before you filed this case?                                |                                      |
|  |                                     |                                      |   |                                      |
|  |                                     |                                      |   |                                      |
| Official Form 106C   | Record # 709594                     |                                      | he Property You Claim as Exempt                                 | Page 2 of 2                          |

| Fill in this in     | Caso 16<br>iformation to ident |                       | oc 1 Eilod 09/17/1   |                     | ed 08/17/16<br>8 of 57 | 10:43:31                              | Desc Main                              |                     |
|---------------------|--------------------------------|-----------------------|--|---------------------|------------------------|---------------------------------------|--|---------------------|
| Debtor 1            | Kimberly                       | Racha                 | el Gillum  |                     |                        |                                       |  |                     |
|                     | First Name                     | Middle Name           | Last Name  |                     |                        |                                       |  |                     |
| Debtor 2            | -                              |                       |  |                     |                        |                                       |  |                     |
| (Spouse, if filing) | First Name                     | Middle Name           | e Last Name  |                     |                        |                                       |  |                     |
| United States       | Bankruptcy Court for           | the : <u>NORTHERN</u> | _ District of _ <u>ILLINOIS</u>  |                     |                        |                                       |  |                     |
| Case Number         | r                              |                       | (State)  |                     |                        |                                       | Check if thi                           | s is an             |
| (If known)          |                                |                       |  |                     |                        |                                       | amended fi                             | ling                |
| Official F          | orm 106D                       |                       |  |                     |                        |                                       |  |                     |
|                     |                                | What Have             | - Claima Caannad b   | Duamant             |                        |                                       |  | 12/15               |
|                     |                                |                       | e Claims Secured be<br>ried people are filing together,  |                     |                        |                                       |  | 12/10               |
| No. Ch              |                                |                       | oroperty? e court with your other schedule   | s. You have not     | ning else to report o  | on this form.                         |  |                     |
| Part 1:             | List All Secured Cla           | ims                   |  |                     |                        |                                       |  |                     |
|                     |                                |                       | an and a second alaim list the an  |                     |                        | Column A                              | Column A                               | Column C            |
|                     |                                |                       | an one secured claim, list the creaticular claim, list the other creating  | •                   |                        | Amount of claim                       | Value of collateral that supports this | Unsecured portion   |
|                     |                                | •                     | cal order according to the credito   |                     |                        | Do not deduct the value of collateral | claim                                  | If any              |
| 2.1 ALLY F          | inancial                       |                       | Describe the property that s   | ecures the claim    | :                      | <b>\$</b> _11,168.00                  | \$_7,000.00                            | <b>\$</b> _4,168.00 |
| Creditor's          |                                |                       | 2012 Hyundai Elantra with  | over 65.000 mile    | s                      |                                       |  |                     |
| 200 Re              | naissance Ctr                  |                       |  |                     |                        |                                       |  |                     |
| Number              | Street                         |                       |  |                     |                        |                                       |  |                     |
|                     |                                |                       | As of the date you file, the o   | laim is: Check all  | that apply.            |                                       |  |                     |
| Detroit             |                                | MI 48243              | Contingent   |                     |                        |                                       |  |                     |
| City                |                                | State Zip Code        | Unliquidated   |                     |                        |                                       |  |                     |
|                     |                                |                       | Disputed   |                     |                        |                                       |  |                     |
| _                   | the debt? Check on             | e.                    | Nature of Lien. Check all that   |                     |                        |                                       |  |                     |
| Debtor              | •                              |                       | An agreement you made (s   | uch as mortgage o   | r secured              |                                       |  |                     |
| Debtor              | 2 only<br>1 and Debtor 2 only  |                       | car loan)  Statutory lien (such as tax I   | ian maahaniala lia  | - \                    |                                       |  |                     |
| =                   | •                              | ed another            | =  |                     | 1)                     |                                       |  |                     |
| At least            | t one of the debtors an        | id another            | Judgment lien from a lawsu  Other (including a right to o  |                     |                        |                                       |  |                     |
|                     | if this claim relates          | to a                  |  |                     |                        |                                       |  |                     |
|                     | unity debt was incurred        | 2013-09-14            | Last 4 digits of account nun   | nber 2083           | 1                      |                                       |  |                     |
|                     |                                | -46-46 B-14 Th        | •  |                     |                        |                                       |  |                     |
| Part 2:             | List Others to be No           | otined for a Debt Th  | at You Already Listed  |                     |                        |                                       |  |                     |
| trying to collec    | t from you for a deb           | t you owe to someo    | out your bankruptcy for a debt th<br>ne else, list the creditor in Part 1<br>Part 1, list the additional credito | , and then list the | collection agency      | here. Similarly, if yo                | ou have more                           |                     |
|                     | do not fill out or su          | -                     |  | -                   |                        |                                       |  |                     |
|                     |                                |                       |  |                     |                        |                                       |  |                     |
|                     |                                |                       |  |                     |                        |                                       |  |                     |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>11,168.00</u>

|   | Caso 16 2627  | 70 Doc 1  | Filod 09/17/16  | Entered 08/17/16 10:43:31   | Desc Main                       |                            |
|---|---|---|---|---|---------------------------------|----------------------------|
| Fill in this i  | nformation to identify your   | case:   |   | 9 of 57   |                                 |                            |
| Debtor 1  | Kimberly  | Rachael   | Gillum  |   |                                 |                            |
|   | First Name  | Middle Name   | Last Name   |   |                                 |                            |
| Debtor 2  |   |   |   |   |                                 |                            |
| (Spouse, if filing)   | First Name  | Middle Name   | Last Name   |   |                                 |                            |
| United State  | s Bankruptcy Court for the : <u>N</u>   | ORTHERN District  | of <u>ILLINOIS</u><br>(State)   |   | _                               |                            |
| Case Number   | er  |   | (01010)   |   | Check if                        |                            |
| (If known)  |   |   |   |   | amended                         | d filing                   |
| Official F  | Form 106E/F   |   |   |   |                                 |                            |
| e as complet ist the other   /B: Property reditors with eeded, copy | party to any executory cont<br>(Official Form 106A/B) and<br>partially secured claims tha | Use Part 1 for cre<br>racts or unexpired<br>on Schedule G: Ex<br>at are listed in Sch<br>number the entrice<br>me and case number | ditors with PRIORITY claim<br>leases that could result in<br>recutory Contracts and Uni-<br>edule D: Creditors Who Ha<br>is in the boxes on the left. I | as and Part 2 for creditors with NONPRIORITY of<br>a claim. Also list executory contracts on Schee<br>expired Leases (Official Form 106G). Do not ind<br>ve Claims Secured by Property. If more space in<br>Attach the Continuation Page to this page. On t | <i>dul</i> e<br>clude any<br>is | 12/15                      |
| 1. Do any cr  | editors have priority unsecu  | ured claims agains  | t you?  |   |                                 |                            |
| No. G   | So to Part 2.   |   |   |   |                                 |                            |
| Yes.  |   |   |   |   |                                 |                            |
| nonpriority<br>unsecured  | y amounts. As much as poss  | ible, list the claims<br>tion Page of Part 1.   | in alphabetical order according If more than one creditor ho  | riority amounts, list that claim here and show both<br>ing to the creditor's name. If you have more than<br>olds a particular claim, list the other creditors in Pa<br>uction booklet.)  Total claim  | two priority                    | Nonpriority                |
|   |   |   |   |   | amount                          | amount                     |
| Part 2:   | List All of Your NONPRIORIT   | Y Unsecured Claim   | s   |   |                                 |                            |
| 3. Do any cr  | editors have nonpriority un   | secured claims ag   | ainst you?  |   |                                 |                            |
| No. Y   | ou have nothing to report in  | this part. Submit th  | is form to the court with you   | r other schedules.  |                                 |                            |
| nonpriority included in   | y unsecured claim, list the cre   | editor separately for<br>editor holds a partic  | each claim. For each claim  | or who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list litors in Part 3.If you have more than three nonpri  | claims already                  |                            |
| 4.1 Advan   | iced Pediatric  | Las   | t 4 digits of account number  |   |                                 | Total claim<br>\$ 2,680.00 |
| Creditor's PO Bo  |   |   | en was the debt incurred?   |   |                                 |                            |
| Number  | Street  |   |   |   |                                 |                            |
|   |   |   | of the date you file, the claim   | is: Check all that apply.   |                                 |                            |
| Lockpo  | ort IL 6  | 0441  | Contingent<br>Unliquidated  |   |                                 |                            |
| City<br>Who owe   | State 2<br>es the debt? Check one.  | Zip Code  | Disputed  |   |                                 |                            |
|   | r 1 only  | _   |   |   |                                 |                            |
| Debto   | r 2 only  | Тур   | e of NONPRIORITY unsecure   | ed claim:   |                                 |                            |
| Debto   | r 1 and Debtor 2 only   |   | Student loans   |   |                                 |                            |
| At leas   | st one of the debtors and another   | · 🔲   | Obligations arising out of a sepa   | aration agreement or divorce  |                                 |                            |
|   | k if this claim relates to a  |   | that you did not report as priority   |   |                                 |                            |
|   | nunity debt<br>iim subject to offest?   | Ц   | Debts to pension or profit-sharin   | g plans, and other similar debts  |                                 |                            |
| No  |   | _   | Other. Specify  |   |                                 |                            |
| Yes   |   |   | опы. орешу  |   |                                 |                            |

Page 20 of 57 **Document** Kimberly Rachael Debtor 1

| Pa    | Your NONPRIORITY Unsecured Claims - Continuation Page               |  |                     |  |  |  |  |
|-------|---|--|---------------------|--|--|--|--|
| After | listing any entries on this page, number them b                     | eginning with 4.4, followed by 4.5, and so forth.  | Total Claim         |  |  |  |  |
| 4.2   | Adventist Bolingbrook Hospital                                      | Last 4 digits of account number  | \$ <u>368.00</u>    |  |  |  |  |
|       | Creditor's Name 75 Remittance Dr., #6097                            | When was the debt incurred?  |                     |  |  |  |  |
|       | Number Street   |  |                     |  |  |  |  |
|       |   | As of the date you file, the claim is: Check all that apply.   |                     |  |  |  |  |
|       |   | Contingent   |                     |  |  |  |  |
|       | Chicago IL 60675  | Unliquidated   |                     |  |  |  |  |
|       | City State Zip Code Who owes the debt? Check one.                   | Disputed   |                     |  |  |  |  |
|       | Debtor 1 only   |  |                     |  |  |  |  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |                     |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | Student loans  |                     |  |  |  |  |
|       | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce   |                     |  |  |  |  |
|       | Check if this claim relates to a                                    | that you did not report as priority claims   |                     |  |  |  |  |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                     |  |  |  |  |
|       | Is the claim subject to offest?                                     | Madical/Deptel Comisso   |                     |  |  |  |  |
|       | Yes   | Other. Specify Medical/Dental Services   |                     |  |  |  |  |
| 4.3   | Adventist Bolingbrook Hospital                                      | Last 4 digits of account number  | <b>\$</b> _1,376.00 |  |  |  |  |
|       | Creditor's Name   |  |                     |  |  |  |  |
|       | 75 Remittance Dr., #6097  | When was the debt incurred?  |                     |  |  |  |  |
|       | Number Street   |  |                     |  |  |  |  |
|       |   | As of the date you file, the claim is: Check all that apply.   |                     |  |  |  |  |
|       | Chicago IL 60675  | Contingent   |                     |  |  |  |  |
|       | City State Zip Code   | Unliquidated   |                     |  |  |  |  |
|       | Who owes the debt? Check one.                                       | Disputed   |                     |  |  |  |  |
|       | Debtor 1 only   |  |                     |  |  |  |  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim: Student loans   |                     |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separation agreement or divorce   |                     |  |  |  |  |
|       | Check if this claim relates to a                                    | that you did not report as priority claims   |                     |  |  |  |  |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                     |  |  |  |  |
|       | Is the claim subject to offest?                                     |  |                     |  |  |  |  |
|       | No □  | Other. Specify Medical/Dental Services   |                     |  |  |  |  |
| 4.4   | Yes Adventist Bolingbrook Hospital                                  | Last 4 digits of account number  | \$ 8,859.00         |  |  |  |  |
| 4.4   | Creditor's Name   |  | •                   |  |  |  |  |
|       | 75 Remittance Dr., #6097  | When was the debt incurred?  |                     |  |  |  |  |
|       | Number Street   |  |                     |  |  |  |  |
|       |   | As of the date you file, the claim is: Check all that apply.   |                     |  |  |  |  |
|       | Chicago IL 60675  | Contingent   |                     |  |  |  |  |
|       | City State Zip Code   | Unliquidated   |                     |  |  |  |  |
|       | Who owes the debt? Check one.                                       | Disputed   |                     |  |  |  |  |
|       | Debtor 1 only   |  |                     |  |  |  |  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |                     |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | Student loans  |                     |  |  |  |  |
|       | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce<br>that you did not report as priority claims |                     |  |  |  |  |
|       | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |  |  |  |  |
|       | Is the claim subject to offest?                                     |  |                     |  |  |  |  |
|       | No  | Other. SpecifyMedical/Dental Services  |                     |  |  |  |  |
|       | Yes   |  |                     |  |  |  |  |

Page 21 of 57 Case Number (if known) **Document** Kimberly Rachael Debtor 1

| After I | isting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
|---------|--|---|------------------|
| 4.5     | Adventist Health Partners                          | Last 4 digits of account number                                   | <b>\$</b> 485.00 |
|         | Creditor's Name                                    |   |                  |
|         | PO Box 7001  | When was the debt incurred?                                       |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         |  | Contingent  |                  |
|         | Bolingbrook IL 60440                               | Unliquidated  |                  |
| Ι,      | City State Zip Code Who owes the debt? Check one.  | Disputed  |                  |
|         | Debtor 1 only                                      | _   |                  |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| '       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|         | ls the claim subject to offest?                    |   |                  |
|         | No   | Other. Specify  |                  |
|         | Yes  |   | 405.00           |
| 4.6     | Amita  | Last 4 digits of account number                                   | <u>\$ 485.00</u> |
|         | Creditor's Name PO Box 7001                        | When was the debt incurred?                                       |                  |
|         | Number Street                                      | Their was the dest meaned:  |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         | Bolingbrook IL 60440                               | Contingent  |                  |
|         | City State Zip Code                                | Unliquidated  |                  |
| '       | Who owes the debt? Check one.                      | Disputed  |                  |
|         | Debtor 1 only                                      |   |                  |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| Ι.      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|         | Is the claim subject to offest?                    |   |                  |
|         | Yes  | Other. Specify  |                  |
| 4.7     | ATG Credit   | Last 4 digits of account number 2735                              | <b>\$</b> 73.00  |
| 7.7     | Creditor's Name                                    |   |                  |
|         | 1700 W Cortland St Ste 2                           | When was the debt incurred? 2010-2010                             |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         |  | Contingent  |                  |
|         | Chicago IL 60622                                   | Unliquidated  |                  |
| ,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|         | Debtor 1 only                                      |   |                  |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|         | ls the claim subject to offest?                    |   |                  |
|         | No   | Other. Specify Medical Debt                                       |                  |
|         | Yes  | <u> </u>  |                  |

Doc 1 Filed 08/17/16 Entered 08/17/16 10:43:31 Desc Main Case 16-26378 Page 22 of 57 Case Number (if known) **Document** Kimberly Rachael Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** COMENITY BANK/Vctrssec **\$** 372.00 Last 4 digits of account number \_\_\_\_

| Creditor's Name                                    | When was the debt incurred? 2014-2015                             |                  |
|--|---|------------------|
| Po Box 182789                                      | When was the debt incurred? 2014-2015                             |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | Contingent  |                  |
| Columbus OH 43218                                  |   |                  |
| City State Zip Code                                | Unliquidated  |                  |
| Who owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| = '  | Student loans   |                  |
| Debtor 1 and Debtor 2 only                         |   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Credit Card or Credit Use                          |                  |
| Yes  |   |                  |
| Commonwealth Edison                                | Last 4 digits of account number                                   | \$ <u>313.00</u> |
| Creditor's Name                                    |   |                  |
| 3 Lincoln Center 4th Floor                         | When was the debt incurred?                                       |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  |   |                  |
| Oakbrook Terrace IL 60181                          | Contingent  |                  |
| City State Zip Code                                | Unliquidated  |                  |
| Who owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Tune of NONDBIORITY unconvent alaims                              |                  |
| =  | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Utility Bills/Cellular Service                     |                  |
| Yes  |   |                  |
| Creditors Collection B                             | Last 4 digits of account number 5721                              | \$ <u>300.00</u> |
| Creditor's Name                                    |   |                  |
| 755 Almar Pkwy                                     | When was the debt incurred? 2015-2016                             |                  |
| Number Street                                      |   |                  |
|  | As of the data was file the above to Obertalia.                   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Bourbonnais IL 60914                               | Contingent  |                  |
|  | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|  |   |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Medical Debt                                       |                  |
| Yes  | Outer. Specify  |                  |
|  |   |                  |

Record # 709594

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| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|----------|--|---|--------------------|
| 4.11     | Dupage Neonatology                             | Last 4 digits of account number                                   | <b>\$</b> 5,616.00 |
|          | Creditor's Name                                |   |                    |
|          | PO Box 487                                     | When was the debt incurred?                                       |                    |
|          | Number Street                                  |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Hinsdale IL 60522                              | Unliquidated  |                    |
| ١.       | City State Zip Code                            | Disputed  |                    |
| \ \ \    | Who owes the debt? Check one.                  |   |                    |
|          | Debtor 1 only                                  |   |                    |
|          | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:                              |                    |
| ļ        | Debtor 1 and Debtor 2 only                     | ☐ Student loans   |                    |
|          | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a               | that you did not report as priority claims                        |                    |
| ١,       | community debt s the claim subject to offest?  | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l i      | No   |   |                    |
| li       | Yes  | Other. Specify  |                    |
| 4.12     | DuPage Pathology Associates                    | Last 4 digits of account number                                   | <b>\$</b> 622.00   |
| 7.12     | Creditor's Name                                |   | -                  |
|          | 520 E. 22nd St.                                | When was the debt incurred?                                       |                    |
|          | Number Street                                  |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Lombard IL 60148                               | Unliquidated  |                    |
| ١.       | City State Zip Code                            | Disputed  |                    |
| '        | Who owes the debt? Check one.                  | Disputed  |                    |
| ļ        | Debtor 1 only                                  |   |                    |
|          | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                     | Student loans   |                    |
| L        | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a               | that you did not report as priority claims                        |                    |
| ١.       | community debt                                 | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l i      | s the claim subject to offest?                 | - W. F. ID. II  |                    |
|          | =  | Other. Specify Medical Debt                                       |                    |
| 4 12     | Yes<br>Joliet Radiology                        | Last 4 digits of account number                                   | <b>\$</b> 159.00   |
| 4.13     | Creditor's Name                                |   | ·                  |
|          | 36910 Treasury Center                          | When was the debt incurred?                                       |                    |
|          | Number Street                                  |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Chicago IL 60694                               | Unliquidated  |                    |
|          | City State Zip Code                            |   |                    |
| \ \      | Who owes the debt? Check one.                  | Disputed  |                    |
|          | Debtor 1 only                                  |   |                    |
|          | Debtor 2 only                                  | Type of NONPRIORITY unsecured claim: □                            |                    |
| إ        | Debtor 1 and Debtor 2 only                     | ☐ Student loans   |                    |
| L        | At least one of the debtors and another        | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a               | that you did not report as priority claims                        |                    |
|          | community debt                                 | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ¦        | s the claim subject to offest?  No             | _   |                    |
|          | Yes  | Other. Specify  |                    |
| 1        | 100  |   |                    |

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| sting any entries on this page, number them       | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
|---|---|--------------------|
| Merchants Credit Guide                            | Last 4 digits of account number 1926                              | \$ <u>399.00</u>   |
| Creditor's Name                                   | 2016 2016   |                    |
| 223 W Jackson Blvd Ste 4                          | When was the debt incurred? 2016-2016                             |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Chicago IL 60606                                  | ☐ Unliquidated  |                    |
| City State Zip Code /ho owes the debt? Check one. | ☐ Disputed  |                    |
| _   |   |                    |
| Debtor 1 only                                     | Toward MONDPIODITY  |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt<br>the claim subject to offest?    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| No  | Other Specify Medical Debt  |                    |
| Yes   | Other. SpecifyMedical Debt  |                    |
| Natus Peloton                                     | Last 4 digits of account number                                   | \$ <u>250.00</u>   |
| Creditor's Name                                   |   |                    |
| PO Box 3606                                       | When was the debt incurred?                                       |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Carol Stream IL 60132                             | ☐ Unliquidated  |                    |
| City State Zip Code                               | Disputed  |                    |
| /ho owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | ☐ Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt<br>the claim subject to offest?    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| No  | <b>-</b>  |                    |
| Yes   | Other. Specify  |                    |
| Presence Health                                   | Last 4 digits of account number                                   | <b>\$</b> 1,200.00 |
| Creditor's Name                                   | Last 4 digits of account number                                   | <del>-,</del>      |
| 62314 Collections Center Dr.                      | When was the debt incurred?                                       |                    |
| Number Street                                     |   |                    |
|   | As of the date you file the claim is: Check all that apply        |                    |
| <del></del>                                       | As of the date you file, the claim is: Check all that apply.      |                    |
| Chicago IL 60693                                  | Contingent  |                    |
| City State Zip Code                               | Unliquidated  |                    |
| /ho owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| the claim subject to offest?                      | _   |                    |
| No  | Other. Specify Medical Debt                                       |                    |

Qocument Page 25 of 57 Case Number (if known) Kimberly Rachael Debtor 1

| After li                              | isting any entries on this page, number them be  | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
|---------------------------------------|--|---|------------------|
| 4.17                                  | Suburban Radiologists SC                         | Last 4 digits of account number                                   | <b>\$</b> 296.00 |
|                                       | Creditor's Name                                  |   |                  |
|                                       | 1446 Momentum PI.                                | When was the debt incurred?                                       |                  |
|                                       | Number Street                                    |   |                  |
|                                       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|                                       |  | Contingent  |                  |
|                                       | Chicago IL 60689                                 | Unliquidated  |                  |
| l                                     | City State Zip Code                              | Disputed  |                  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Who owes the debt? Check one.                    | Disputed  |                  |
|                                       | Debtor 1 only                                    |   |                  |
|                                       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim: ☐                            |                  |
|                                       | Debtor 1 and Debtor 2 only                       | Student loans   |                  |
|                                       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                  |
| [                                     | Check if this claim relates to a                 | that you did not report as priority claims                        |                  |
| l .                                   | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                  |
| ľ                                     | No   | Madical/Dartal Consissa   |                  |
| l i                                   | Yes  | Other. Specify Medical/Dental Services                            |                  |
| 4.18                                  | Verizon Wireless                                 | Last 4 digits of account number 1546                              | <b>\$</b> 118.00 |
| 4.10                                  | Creditor's Name                                  |   | ·                |
|                                       | 16 Mcleland Rd                                   | When was the debt incurred? 2015-2015                             |                  |
|                                       | Number Street                                    |   |                  |
|                                       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|                                       | -  | Contingent  |                  |
|                                       | Saint Cloud MN 56303                             | Unliquidated  |                  |
|                                       | City State Zip Code                              |   |                  |
| <u> </u>                              | Who owes the debt? Check one.                    | Disputed  |                  |
|                                       | Debtor 1 only                                    |   |                  |
|                                       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                  |
|                                       | Debtor 1 and Debtor 2 only                       | Student loans   |                  |
| [                                     | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                  |
|                                       | Check if this claim relates to a                 | that you did not report as priority claims                        |                  |
| ١.                                    | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                  |
| !                                     | s the claim subject to offest?                   |   |                  |
|                                       | No   | Other. Specify Unknown Credit Extension                           |                  |
| 4.40                                  | Yes Vision Financial Servi                       | Last 4 digits of account number 5160                              | \$ 95.00         |
| 4.19                                  | Creditor's Name                                  | Last 4 digits of account number 5160                              | <b>\$</b>        |
|                                       | 1900 W Severs Rd                                 | When was the debt incurred? 2009-2010                             |                  |
|                                       | Number Street                                    |   |                  |
|                                       |  |   |                  |
|                                       |  | As of the date you file, the claim is: Check all that apply.      |                  |
|                                       | La Porte IN 46350                                | Contingent  |                  |
|                                       | City State Zip Code                              | Unliquidated  |                  |
| V                                     | Who owes the debt? Check one.                    | Disputed  |                  |
|                                       | Debtor 1 only                                    |   |                  |
| [                                     | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                  |
| [                                     | Debtor 1 and Debtor 2 only                       | Student loans   |                  |
| [                                     | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                  |
| [                                     | Check if this claim relates to a                 | that you did not report as priority claims                        |                  |
| -                                     | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                  |
|                                       | s the claim subject to offest?                   | _   |                  |
|                                       | No   | Other. Specify Medical Debt                                       |                  |
|                                       | Yes  |   |                  |

Page 26 of 57 Number (if known) **ը**ջբսment Kimberly Rachael Debtor 1

List Others to Be Notified for a Debt That You Already Listed

| 2, then list the collection agency here. Similarly, if you | you for a debt you<br>nave more than on | ey, for a debt that you already listed in Parts 1 or 2. For<br>u owe to someone else, list the original creditor in Parts 1 or<br>he creditor for any of the debts that you listed in Parts 1 or 2, list the<br>fied for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|---|--|
| Convergent Outsourcing Inc.                                |   | On which entry in Part 1 or Part 2 list the original creditor?   |
| Name<br>PO Box 9004  |   | Line7 of (Check one):  |
| Number Street  |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
|  | NA 98057<br>Zip Code                    | Last 4 digits of account number  |
| Dependon Collection Serv.                                  |   | On which entry in Part 1 or Part 2 list the original creditor?   |
| Name<br>120 W. 22nd St., #360                              |   | Line 15 of (Check one): Part 1: Creditors with Priority Unsecured Claims   |
| Number Street  |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Oak Brook  | IL 60523                                | Last 4 digits of account number  |
| City State   | Zip Code                                |  |

Kimberly Debtor 1

Rachael

Add the Amounts for Each Type of Unsecured Claim

**Document** 

Page 27 of 57<sub>Case Number (if known)</sub>

|                             |   |     | Total claim |                |
|-----------------------------|---|-----|-------------|----------------|
| otal claims                 | 6a. Domestic support obligations  | 6a. | \$          | 0.00           |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$          | 0.00           |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00           |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$          | 0.00           |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$          | 0.00           |
|                             |   |     | Total claim |                |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f. | \$          | 0.00           |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00           |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00           |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$24,0      | <u>066</u> .00 |
|                             | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$24,0      | )66.00<br>—    |

|        |                                  | Caso 16              | 26279 Doc 1 E  | ilod 09/17/16              | Entor                        | ed 08/17/16                                     | 10:43:31                             | Desc Main                       |      |
|--------|----------------------------------|----------------------|--|----------------------------|------------------------------|---|--------------------------------------|---------------------------------|------|
| Fi     | ll in this in                    | formation to identi  |  |                            |                              | 8 of 57   |                                      |                                 |      |
| D      | ebtor 1                          | Kimberly             | Rachael  | Gillum                     | _                            |   |                                      |                                 |      |
| D      | ebtor 2                          | First Name           | Middle Name  | Last Name                  |                              |   |                                      |                                 |      |
|        | pouse, if filing)                | First Name           | Middle Name  | Last Name                  | _                            |   |                                      |                                 |      |
| U      | nited States                     | Bankruptcy Court for | the : <u>NORTHERN</u> District of <u>I</u>                       |                            |                              |   |                                      |                                 |      |
|        | ase Number<br>f known)           |                      |  | (State)                    |                              |   |                                      | Check if this is amended filing | -    |
| Off    | icial F                          | orm 106G             |  |                            |                              |   |                                      |                                 |      |
| Scł    | nedule                           | G: Executo           | ory Contracts and l  | Unexpired Lea              | ases                         |   |                                      |                                 | 12/1 |
| nforr  | nation. If n                     | nore space is need   | ossible. If two married people<br>ded, copy the additional page, | are filing together, bot   | th are equal<br>entries, and | ly responsible for su<br>attach it to this page | pplying correct<br>. On the top of a | iny                             |      |
| additi | ional page                       | s, write your name   | e and case number (if known). ontracts or unexpired leases?      |                            |                              |   |                                      |                                 |      |
| i. L   | _                                | -                    | ubmit this form to the court with                                |                            | ou have no                   | thing else to report on                         | this form                            |                                 |      |
|        | _                                |                      | ation below even if the contract                                 |                            |                              |   |                                      |                                 |      |
|        |                                  |                      |  |                            |                              | (   |                                      |                                 |      |
|        |                                  |                      | r company with whom you have                                     |                            |                              |   |                                      |                                 |      |
|        | <b>xample, re</b><br>nexpired le |                      | cell phone). See the instructions                                | s for this form in the ins | truction bool                | kiet for more examples                          | s of executory co                    | ontracts and                    |      |
|        | Person or                        | company with wh      | om you have the contract or le                                   | ease                       |                              | State what the                                  | contract or lease                    | e is for                        |      |
| 2.1    |                                  |                      |  |                            |                              |   |                                      |                                 |      |
|        | Name                             |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Number                           | Street               |  |                            | _                            |   |                                      |                                 |      |
|        | City                             |                      | State Zip (  | Code                       | _                            |   |                                      |                                 |      |
| 2.2    |                                  |                      |  |                            |                              |   |                                      |                                 |      |
|        | Name                             |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Number                           | Street               |  |                            | _                            |   |                                      |                                 |      |
|        |                                  |                      |  |                            | _                            |   |                                      |                                 |      |
|        | City                             |                      | State Zip C  | Code                       |                              |   |                                      |                                 |      |
| 2.3    |                                  |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Name                             |                      |  |                            |                              |   |                                      |                                 |      |
|        | Number                           | Street               |  |                            |                              |   |                                      |                                 |      |
|        | City                             |                      | State Zip C  | Code                       | _                            |   |                                      |                                 |      |
|        |                                  |                      |  |                            |                              |   |                                      |                                 |      |
| 2.4    | Name                             |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Name                             |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Number                           | Street               |  |                            |                              |   |                                      |                                 |      |
|        | City                             |                      | State Zip 0  | Code                       | _                            |   |                                      |                                 |      |
| 2.5    |                                  |                      |  |                            |                              |   |                                      |                                 |      |
|        | Name                             |                      |  |                            | _                            |   |                                      |                                 |      |
|        | Number                           | Street               |  |                            | _                            |   |                                      |                                 |      |
|        |                                  |                      |  |                            |                              |   |                                      |                                 |      |

State Zip Code

City

Official Form 106G

| Fill in this information to identify your case: |                      |                                     |                 |  |
|---|----------------------|-------------------------------------|-----------------|--|
| Debtor 1  | Kimberly             | Rachael                             | Gillum          |  |
|   | First Name           | Middle Name                         | Last Name       |  |
| Debtor 2  |                      |                                     |                 |  |
| (Spouse, if filing)                             | First Name           | Middle Name                         | Last Name       |  |
| United States                                   | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |
| Case Number                                     | г                    |                                     | _               |  |
| (If known)                                      |                      |                                     |                 |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Ad        | dditional Page | s, write your name a                             | nd case number (if known). Answer   | every questio  | n.   |
|---------------|----------------|--|---|----------------|--|
| 1. <b>D</b> c | o you have an  | y codebtors? (If you                             | are filing a joint case, do not list either                                   | spouse as a    | codebtor.)   |
| □ No.         |                |  |   |                |  |
|               | Yes            |  |   |                |  |
|               |                | =          | ed in a community property state or to<br>Nevada, New Mexico, Puerto Rico, Te |                | mmunity property states and territories include ton, and Wisconsin.) |
|               | No. Go to lir  | ne 3   |   |                |  |
|               | _              |  | ouse, or legal equivalent live with you                                       | at the time?   |  |
| <u>-</u>      | ☐ No           |  |   |                |  |
|               | Yes. In        | which community sta                              | te or territory did you live?   | ,              | Fill in the name and current address of that person.                 |
|               |                |  |   |                |  |
|               | Name of ye     | our spouse, former spouse of                     | or legal equivalent   |                |  |
|               | Number         | Street   |   |                |  |
|               | City           |  | State   | Zip Code       |  |
| 3. <b>In</b>  | Column 1, list | t all of your codebto                            | rs. Do not include your spouse as a   | codebtor if yo | ur spouse is filing with you. List the person                        |
|               |                | -  | • •   | •              | se sure you have listed the creditor on                              |
|               | -              | ficial Form 106D), Sc<br>or Schedule G to fill o | · · · · · · · · · · · · · · · · · · ·   | Schedule G     | Official Form 106G). Use Schedule D,                                 |
|               | •              |  |   |                |  |
|               | Column 1: You  | ur codebtor                                      |   |                | Column 2: The creditor to whom you owe the debt                      |
| ш             |                |  |   |                | Check all schedules that apply:                                      |
| 3.1           | Reda Johns     | on   |   |                | Schedule D, line1  |
|               | Name           | 5.   |   |                | Schedule E/F, line   |
|               | 2194 Rossit    | er Parkway<br>Street                             |   |                | _  |
|               | Plainfield     |  | IL .  | 60586          | Schedule G, line   |
| <u> </u>      | City           |  | State   | Zip Code       |  |
| 3.2           |                |  |   |                | Schedule D, line   |
|               | Name           |  |   |                | Schedule E/F, line   |
|               | Number         | Street   |   |                | Schedule G, line   |
|               | City           |  | State   | Zip Code       |  |
| 3.3           |                |  |   |                | Schedule D, line   |
|               | Name           |  |   |                | Schedule E/F, line   |
|               | Number         | Street   |   |                | Schedule G, line   |
|               | City           |  | State   | Zip Code       |  |

| Fill in this in                | formation to identif    | y your case:                    |              |   |
|--------------------------------|-------------------------|---------------------------------|--------------|---|
| Debtor 1                       |                         |                                 |              |   |
|                                | Kimberly                | Rachael                         | Gillum       |   |
| 2.140                          | First Name              | Middle Name                     | Last Name    |   |
| Debtor 2<br>Spouse, if filing) | First Name              | Middle Name                     | Last Name    |   |
| United Otates                  | Dealer at Court for the | NODTHEDN DICTDICT C             | AF II LINOIO |   |
| United States                  | Bankruptcy Court for tr | ne : <u>NORTHERN DISTRICT O</u> | OF ILLINOIS  |   |
| Case Number (If known)         |                         |                                 | _            | Check if this is:                       |
| (II KIIOWII)                   |                         |                                 |              | An amended filing                       |
|                                |                         |                                 |              | A supplement showing post-petition      |
|                                |                         |                                 |              | chapter 13 income as of the following d |
| fficial Fo                     | orm 106I                |                                 |              | MM / DD / YYYY                          |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Describe Employment  |  |                          |              |                                   |
|----|--|--|--------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information  |  | Debtor 1                 |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status  | X Employed Not employed  |              | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.  | Occupation   | Cashier                  |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name   | Shoe Carnival            |              |                                   |
|    |  | Employers address  | ,                        |              | ,                                 |
|    |  | How long employed there?   |                          |              |                                   |
| Pa | rt 2: Give Details About Month   | ly Income  |                          |              |                                   |
|    | spouse unless you are separated. If you or your non-filing spouse ha                               | the date you file this form. If you have more than one employer, combined, attach a separate sheet to this form. | ne the information for a |              | , ,                               |
|    |  |  |                          | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |  | y and commissions (before all pay<br>calculate what the monthly wage wo  |                          | \$524.77     | \$0.00                            |
| 3. | Estimate and list monthly overti   |  | \$0.00                   | \$0.00       |                                   |
| 4. | Calculate gross income. Add line   | e 2 + line 3.  |                          | \$524.77     | \$0.00                            |

 Official Form 106I
 Record #
 709594
 Schedule I: Your Income
 Page 1 of 2

Case 16-26378 Filed 08/17/16 Entered 08/17/16 10:43:31 Desc Main Doc 1 Page 31 of 57

Document Rachael Kimberly Debtor 1 Case Number (if known) First Name Last Name

|               |  |  |               | For Debtor 1  |          | or Debtor 2 or<br>on-filing spouse |                     |
|---------------|--|--|---------------|---------------|----------|------------------------------------|---------------------|
|               | Copy   | / line 4 here  | 4.            | \$524.77      |          | \$0.00                             |                     |
|               |  | payroll deductions:  |               |               |          |                                    |                     |
|               | 5a. <b>T</b>                                     | ax, Medicare, and Social Security deductions   | 5a.<br>       | \$78.71       |          | \$0.00                             |                     |
|               | 5b. <b>N</b>                                     | Mandatory contributions for retirement plans   | 5b.<br>—      | \$0.00        |          | \$0.00                             |                     |
|               | 5c. <b>V</b>                                     | oluntary contributions for retirement plans  | 5c            | \$0.00        |          | \$0.00                             |                     |
|               | 5d. Required repayments of retirement fund loans |  |               | \$0.00        |          | \$0.00                             |                     |
|               | 5e. lı   | nsurance   | 5e.           | \$0.00        |          | \$0.00                             |                     |
|               | 5f. <b>C</b>                                     | Omestic support obligations  | 5f.<br>—      | \$0.00        |          | \$0.00                             |                     |
|               | 5g. <b>L</b>                                     | Inion dues   | 5g.           | \$0.00        |          | \$0.00                             |                     |
|               | 5h. <b>C</b>                                     | Other deductions. Specify:   | 5h.           | \$0.00        |          | \$0.00                             |                     |
| 6. <b>Ad</b>  | d the  | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6             | \$78.71       |          | \$0.00                             |                     |
| 7. <b>Ca</b>  | lcula  | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.            | \$446.05      |          | \$0.00                             |                     |
| 8. <b>Lis</b> | t all  | other income regularly received:   |               |               |          |                                    |                     |
|               | 8a.  | Net income from rental property and from operating a business,   |               |               |          |                                    |                     |
|               |  | profession, or farm  |               |               |          |                                    |                     |
|               |  | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |               |               |          |                                    |                     |
|               |  | monthly net income.  | 8a.           | \$0.00        |          | \$0.00                             |                     |
|               | 8b.  | Interest and dividends   | 8b.           | \$0.00        |          | \$0.00                             |                     |
|               | 8c.  | Family support payments that you, a non-filing spouse, or a  | 8c.           | \$ 0.00       |          | \$ 0.00                            |                     |
|               |  | dependent regularly receive  |               |               |          |                                    |                     |
|               |  | Include alimony, spousal support, child support, maintenance, divorce  |               |               |          |                                    |                     |
|               |  | settlement, and property settlement.   |               |               |          |                                    |                     |
|               | 8d.  | Unemployment compensation  | 8d            | \$0.00        |          | \$0.00                             |                     |
|               | 8e.  | Social Security  | 8e.           | \$0.00        |          | \$0.00                             |                     |
|               | 8f.  | Other government assistance that you regularly receive   | 8f.           | \$357.00      |          | \$0.00                             |                     |
|               |  | Include cash assistance and the value (if known) of any non-cash   |               |               |          |                                    |                     |
|               |  | assistance that you receive, such as food stamps (benefits under the   |               |               |          |                                    |                     |
|               |  | Supplemental Nutrition Assistance Program) or housing subsidies.   |               |               |          |                                    |                     |
|               |  | Specify:   |               |               |          |                                    |                     |
|               | 8g.  | Pension or retirement income   | 8g.<br>—      | \$0.00        |          | \$0.00                             |                     |
|               | 8h.  | Other monthly income. Specify:   | 8h.<br>       | \$0.00        |          | \$0.00                             |                     |
| 9.            | Add  | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9             | \$357.00      |          | \$0.00                             |                     |
| 10.           | Calc   | ulate monthly income. Add line 7 + line 9.   | 10.           | \$803.05      |          | \$0.00                             | \$803.05            |
|               | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |               | φουσ.υσ       | <u> </u> | φυ.υυ                              | \$603.05            |
|               | Inclu<br>othe<br>Do n                            | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are notify: | our dependent |               |          |                                    | 11. \$0.00          |
|               |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Ce  |               | •             | t applie | es                                 | 12. <b>\$803.05</b> |
|               |  | ou expect an increase or decrease within the year after you file this form   |               |               | ~ppii    | · <del>·</del>                     |                     |
|               | _  | No.  |               |               |          |                                    |                     |
|               | X,   | Yes. Explain: The Debtor is now working at shoe carnival appro   | ximately 15   | hours a week. |          |                                    |                     |
|               | _  |  | -             |               |          |                                    |                     |

| Fill in this ir                 | nformation to identify y                       | your case:   |                                |  |  |                               |
|---------------------------------|--|--|--------------------------------|--|--|-------------------------------|
| Debtor 1                        | Kimberly                                       | Rachael  | Gillum                         | Check if this is:  |  |                               |
|                                 | First Name                                     | Middle Name  | Last Name                      | An amende  | ŭ                                      |                               |
| Debtor 2<br>(Spouse, if filing) | First Name                                     | Middle Name  | Last Name                      |  | ent showing post<br>of the following d | -petition chapter 13          |
| United States                   | Bankruptcy Court for the                       | : <u>NORTHERN DISTRICT O</u>                         | F ILLINOIS                     |  |  | ato.                          |
| Case Numbe                      | r  |  | _                              | MM / DD / Y  | YYYY                                   |                               |
|                                 |  |  |                                | A separate   | filing for Debtor                      | 2 because Debtor 2            |
| Official F                      | orm 106J                                       |  |                                | maintains a  | separate house                         | hold.                         |
| Schedul                         | e J: Your Ex                                   | (penses  |                                |  |  | 12/14                         |
| -                               | -  |  |                                | n are equally responsible for supplyin<br>ages, write your name and case num | _                                      |                               |
| Part 1:                         | Describe Your Househol                         | d  |                                |  |  |                               |
|                                 | Go to line 2.  Does Debtor 2 live in a         | a separate household?<br>ust file a separate Schedul | e J.                           |  |  |                               |
| 2. Do you                       | have dependents?                               | No   |                                | Dependent's relationship to<br>Debtor 1 or Debtor 2                          | Dependent's<br>age                     | Does dependent live with you? |
| Do not li<br>Debtor 2           | st Debtor 1 and                                |  | this information for<br>dent   |  |  | No                            |
| Do not s                        | tate the dependents'                           | ·  |                                | Son  | 1                                      | X Yes                         |
| names.                          |  |  |                                |  |  | X No                          |
|                                 |  |  |                                |  |  | Yes                           |
|                                 |  |  |                                |  |  | X No                          |
|                                 |  |  |                                |  |  | Yes                           |
|                                 |  |  |                                |  |  |                               |
|                                 |  |  |                                |  |  | Yes                           |
|                                 |  |  |                                |  |  | Yes                           |
| 3. Do your                      | expenses include                               | X No   |                                |  |  | ·                             |
|                                 | es of people other than<br>and your dependents | ¹  |                                |  |  |                               |
| Part 2:                         | Estimate Your Ongoing                          | Monthly Expenses                                     |                                |  |  |                               |
| Estimate your                   | expenses as of your b                          | pankruptcy filing date unl                           | ess you are using this for     | rm as a supplement in a Chapter 13 o   | case to report                         |                               |
| expenses as of the applicable   |  | ruptcy is filed. If this is a                        | supplemental <i>Schedule</i> J | J, check the box at the top of the forr                                      | n and fill in                          |                               |
| Include expen                   | ses paid for with non-                         | cash government assista                              | =                              |  |  |                               |
| of such assist                  | ance and have include                          | ed it on Schedule I: Your I                          | ncome (Official Form 106       | SI.)   | Y                                      | our expenses                  |
|                                 | -  | expenses for your reside                             | ence. Include first mortgag    | ge payments and  |  | \$0.00                        |
| _                               | for the ground or lot.                         |  |                                |  | 4.                                     | φυ.υυ                         |
|                                 | eal estate taxes                               |  |                                |  | 4a.                                    | \$0.00                        |
|                                 | operty, homeowner's, c                         | or renter's insurance                                |                                |  | 4b.                                    | \$0.00                        |
|                                 |  | ir, and upkeep expenses                              |                                |  | 4c.                                    | \$0.00                        |
| 4d. Ho                          | omeowner's association                         | or condominium dues                                  |                                |  | 4d.                                    | \$0.00                        |
|                                 |  |  |                                |  |  |                               |

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Debtor 1 Kimberly Rachael Document Gillum Page 33 of 57
Case Number (if known) \_

|            | First Name Middle Name Last Name  |              |             |         |
|------------|---|--------------|-------------|---------|
|            |   |              | Your expens | es      |
| 5.         | Additional Mortgage payments for your residence, such as home equity loans                            | 5.           |             | \$0.0   |
| i.         | Utilities:  |              |             |         |
|            | 6a. Electricity, heat, natural gas  | 6a.          |             | \$0.0   |
|            | 6b. Water, sewer, garbage collection  | 6b.          |             | \$0.0   |
|            | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.          |             | \$0.0   |
|            | 6d. Other. Specify:   | 6d.          | \$          | 0.0     |
|            | Food and housekeeping supplies  | 7.           |             | \$357.0 |
|            | Childcare and children's education costs  | 8.           |             | \$0.    |
|            | Clothing, laundry, and dry cleaning   | 9.           |             | \$0.    |
| ).         | Personal care products and services   | 10.          |             | \$0.    |
| 1.         | Medical and dental expenses   | 11.          |             | \$0.    |
| 2.         | Transportation. Include gas, maintenance, bus or train fare.  | 12.          |             | \$63.   |
|            | Do not include car payments.  |              |             |         |
| 3.         | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.          |             | \$0.    |
|            | Charitable contributions and religious donations  | 14.          |             | \$0.    |
|            | Insurance.  |              |             |         |
|            | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |              |             |         |
|            | 15a. Life insurance   | 15a.         |             | \$0     |
|            | 15b. Health insurance   | 15b.         |             | \$0.    |
|            | 15c. Vehicle insurance  | 15c.         |             | \$80.   |
|            | 15d. Other insurance. Specify:  | 15d.         |             | \$0.    |
| <b>S</b> . | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |              |             |         |
|            | Specify:  | 16.          |             | \$0.    |
|            | Installment or lease payments:  |              |             |         |
|            | 17a. Car payments for Vehicle 1   | 17a.         |             | \$297.  |
|            | 17b. Car payments for Vehicle 2   | 17b.         |             | \$0.    |
|            | 17c. Other. Specify:  | 17c.         |             | \$0.    |
|            | 17d. Other. Specify:  | 17d.         |             | \$0.    |
| 3.         | Your payments of alimony, maintenance, and support that you did not report as deducted                |              |             |         |
|            | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.          |             | \$0.    |
| ).         | Other payments you make to support others who do not live with you.                                   |              |             |         |
|            | Specify:  | 19.          |             | \$0.    |
|            | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |              |             |         |
|            | 20a. Mortgages on other property  | <b>20a</b> . |             | \$ 0.   |
|            | 20b. Real estate taxes  | 20b.         | \$          | 0.      |
|            | 20c. Property, homeowner's, or renter's insurance   | 20c.         | \$          | 0.      |
|            | 20d. Maintenance, repair, and upkeep expenses   | 20d.         | \$          | 0.      |
|            |   |              |             |         |

Official Form 106J Record # 709594

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| Debtor ' | Kimberly         | Rachael                                | Gillum                 | J                 | Case Number (if known) |               |          |
|----------|------------------|--|------------------------|-------------------|------------------------|---------------|----------|
|          | First Name       | Middle Name                            | Last Name              |                   |                        |               |          |
| 21.      | Other. Specify   | :                                      |                        |                   |                        | 21.           | \$0.00   |
| 22       | Your monthly e   | expense: Add lines 4 through 21.       |                        |                   |                        | 22.           | \$797.00 |
|          | The result is yo | ur monthly expenses.                   |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |
| 23.      | Calculate your   | monthly net income.                    |                        |                   |                        |               |          |
|          | 23a. Cop         | y line 12 (your comibined monthly in   | come) from Schedule I. |                   |                        | 23a.          | \$803.05 |
|          | 23b. Cop         | y your monthly expenses from line 2    | 2 above.               |                   |                        | 23b. <b>–</b> | \$797.00 |
|          |                  | tract your monthly expenses from yo    | our monthly income.    |                   |                        | 23c.          | \$6.05   |
|          | ine              | result is your monthly net income.     |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |
| 24.      | Da waw awaaat    | an increase or decrease in your ex     |                        | u vov filo thio f | 2                      |               |          |
| 24.      |                  | o you expect to finish paying for your | •                      | -                 |                        |               |          |
|          | •                | nent to increase or decrease because   | •                      |                   |                        |               |          |
|          | X No             |  |                        |                   |                        |               |          |
|          | Yes.             | Explain Here:                          |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |
|          |                  |  |                        |                   |                        |               |          |

 Official Form 106J
 Record #
 709594
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this in           | formation to identi    | fy your case:                    |                      |
|---------------------------|------------------------|----------------------------------|----------------------|
| Debtor 1                  | Kimberly               | Rachael                          | Gillum               |
|                           | First Name             | Middle Name                      | Last Name            |
| Debtor 2                  |                        |                                  |                      |
| (Spouse, if filing)       | First Name             | Middle Name                      | Last Name            |
| United States             | Bankruptcy Court for t | he : <u>NORTHERN</u> District of | ILLINOIS_<br>(State) |
| Case Number<br>(If known) | <u> </u>               |                                  | _                    |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT ar                 | n attorney to help you fill out bankruptcy forms?   |
| No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read the correct. | ne summary and schedules filed with this declaration and that they are true and               |
|   |   |
| ✗ /s/ Kimberly Rachael Gillum                                     | ×   |
| Signature of Debtor 1   | Signature of Debtor 2   |
| Date 08/05/2016   | Data  |
| MM / DD / YYYY  | Date  |
|   |   |

|                     |                        |                                    | Journalia | 440 00 0 |
|---------------------|------------------------|------------------------------------|-----------|----------|
| Fill in this in     | nformation to identi   | fy your case:                      |           |          |
|                     |                        |                                    |           |          |
|                     | 10. 1                  | <b>5</b>                           | 0""       |          |
| Debtor 1            | Kimberly               | Rachael                            | Gillum    |          |
|                     | First Name             | Middle Name                        | Last Name |          |
|                     |                        |                                    |           |          |
| Debtor 2            |                        |                                    |           |          |
| (Spouse, if filing) | First Name             | Middle Name                        | Last Name |          |
|                     |                        |                                    |           |          |
| United States       | Bankruptcy Court for t | he : <u>NORTHERN</u> District of _ | ILLINOIS  |          |
|                     |                        |                                    | (State)   |          |
| Case Number         | r                      |                                    | (====)    |          |
| (If known)          | '                      |                                    | _         |          |
| ()                  |                        |                                    |           |          |
|                     |                        |                                    |           |          |

# Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | number (if known). Answer every question.  |  |   |                |  |  |  |  |  |
|-----|--|--|---|----------------|--|--|--|--|--|
|     | Give Details About Your Marital Status and Where You Lived Before  |  |   |                |  |  |  |  |  |
|     | 01. What is your current marital status?   |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     | Married Not married  |  |   |                |  |  |  |  |  |
|     | - Communica  |  |   |                |  |  |  |  |  |
| 02  | During the last 3 years, have you lived anywhere other tha   | n where you live now                           | n   |                |  |  |  |  |  |
|     | No.  |  |   |                |  |  |  |  |  |
|     | Yes. List all of the places you lived in the last 3 years. Do  | not include where yo                           | ou live now.  |                |  |  |  |  |  |
|     | Debtor 1   | Dates Debtor 1                                 | Debtor 2:   | Dates Debtor 2 |  |  |  |  |  |
|     | Desico 1   | lived there                                    | Desico 2.   | lived there    |  |  |  |  |  |
| 03  | Within the last 8 years, did you ever live with a spouse or I<br>property states and territories include Arizona, California,<br>and Wisconsin.) | egal equivalent in a d<br>Idaho, Louisiana, Ne | community property state or territory? (Community vada, New Mexico, Puerto Rico, Texas, Washington, |                |  |  |  |  |  |
|     | No.  |  |   |                |  |  |  |  |  |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (   | Official Form 106H).                           |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
| P   | Explain the Sources of Your Income   |  |   |                |  |  |  |  |  |
|     | ·  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |
|     |  |  |   |                |  |  |  |  |  |

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Debtor 1 Kimberly Rachael Gillum Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$200 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$32,330 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, \$32,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) \$8,600 Unemployment From January 1 of current year until the date you filed for bankruptcy: List Certain Payments You Made Before You Filed for Bankruptcy

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Kimberly Rachael Gillum Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Was this payment for... Total amount paid Amount you still owe payments **ALLY Financial** \$10,277 Monthly \$297 Mortgage Car 200 Renaissance Ctr Credit card Detroit MI 48243 Loan repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No.  $\hfill \square$  Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Part 4: Identify Legal actions, Repossessions, and Foreclosures

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| )ebto | r 1                 | Kimberly                                      | Rachael   | Gillum                              | Case Number (if known)   |                    |
|-------|---------------------|---|---|-------------------------------------|--|--------------------|
|       |                     | First Name                                    | Middle Name   | Last Name                           |  |                    |
|       | List                |   | luding personal injury cases                              |                                     | ction, or administrative proceeding? collection suits, paternity actions, support or custo | dy                 |
|       |                     | No.   |   |                                     |  |                    |
|       |                     | Yes. Fill in the detail                       | S.  |                                     |  |                    |
|       |                     |   |   | Nature of the case                  | Court or agency  | Status of the case |
|       |                     |   | i filed for bankruptcy, was ar fill in the details below. | ny of your property repossessed,    | foreclosed, garnished, attached, seized, or levied   | ?                  |
|       |                     | No. Go to line 11<br>Yes. Fill in the inforn  | nation below.   |                                     |  |                    |
|       |                     |   | rou filed for bankruptcy, dio<br>rment because you owed a |                                     | or financial institution, set off any amounts fro  | m your accounts    |
|       |                     | No. Go to line 11                             |   |                                     |  |                    |
|       | $\overline{\sqcap}$ | Yes. Fill in the inform                       | nation below.   |                                     |  |                    |
|       | With<br>cour        | nin 1 year before you<br>rt-appointed receive |   |                                     | session of an assignee for the benefit of credito  | ors, a             |
|       | ■ N                 |   |   |                                     |  |                    |
| Pa    | art 5:              | List Certain Gift                             | s and Contributions                                       |                                     |  |                    |
| 13    | With                | nin 2 years before y                          | ou filed for bankruptcy, did                              | I you give any gifts with a total v | value of more than \$600 per person?   |                    |
|       |                     | No  |   |                                     |  |                    |
|       | _                   | Yes. Fill in the detail                       | s for each gift.  |                                     |  |                    |
| 14    | _                   |   |   | I vou give any gifts or contributi  | ons with a total value of more than \$600 to any   | charity?           |
|       | П                   |   | ,   | , , , , ,                           | •  | •                  |
|       | =                   | No.<br>Yes. Fill in the detail:               | s for each aift   |                                     |  |                    |
|       |                     | res. I ili ili tile detail                    | s for each girt.  |                                     |  |                    |
|       |                     | Gifts or contribution otal more than \$600    |   | Describe what you contribut         | ted Date you contributed   | Value              |
|       |                     | Word of Life                                  |   | Tithes                              | Weekly   | \$25               |
|       |                     | 879 Tudor Dr, Nap                             | erville, IL 60563   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
| R     | art 6:              | List Certain Los                              | ses   |                                     |  |                    |
|       |                     | nin 1 year before yo<br>nbling?               | u filed for bankruptcy or si                              | nce you filed for bankruptcy, did   | d you lose anything because of theft, fire, other  | disaster, or       |
|       |                     | No.   |   |                                     |  |                    |
|       |                     | Yes. Fill in the detail                       | s for each gift.  |                                     |  |                    |
| Pa    | art 7:              | List Certain Pay                              | ments or Transfers  |                                     |  |                    |
| 16    | With                | nin 1 year before vo                          | u filed for bankruptcv. did v                             | you or anyone else acting on vo     | ur behalf pay or transfer any property to anyon  | e you consulted    |
|       | abo                 | ut seeking bankrup                            | tcy or preparing a bankrup                                | tcy petition?                       | es for services required in your bankruptcy.   | •                  |
|       |                     | No.   |   |                                     |  |                    |
|       | •                   | Yes. Fill in the detail                       | s   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |
|       |                     |   |   |                                     |  |                    |

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|    | Party Contact Info  | Description and value of a            | any property transferred  | Date paym<br>or transfe |   |  |
|----|---|---------------------------------------|---------------------------|-------------------------|---|--|
|    | Geraci Law L.L.C. 55 E. Monroe Street #3400 Chicago,IL 60603  |                                       |                           |                         | Payment/Value: \$2,295.00: \$1,865.00 paid prior to filing, balance to be paid after case filing. |  |
|    | Party Contact Info  | Description and value of a            | any property transferred  | Date paym<br>or transfe |   |  |
|    | Hananwill Credit Counseling  115 N. Cross St.  Robinson, IL 62454   | Credit Counseling Services            |                           | 2016                    | \$25.00   |  |
| 17 | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that  No.  Yes. Fill in the details.  | s or to make payments to your cred    | • •                       | fer any property to any | one who   |  |
| 18 |   |                                       |                           |                         |   |  |
| 19 | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No.  Yes. Fill in the details for each gift. |                                       |                           |                         |   |  |
| P  | art 8: List Certain Financial Accounts, Instru  | ıments, Safe Deposit Boxes, and Stora | age Units                 |                         |   |  |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associon No.  Yes. Fill in the details.   | r other financial accounts; certifica | tes of deposit; shares in | •                       |   |  |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?  No.  Yes. Fill in the details.   | ear before you filed for bankruptcy   | , any safe deposit box or | other depository for s  | securities,   |  |
|    |   | Who else had access to it?            | Describe the conten       | its                     | Do you still have it?   |  |

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| Debtor 1      | Kimberly                               | Rachael   | Gillum                             | Case Number (if known) _  |                     |  |
|---------------|--|---|------------------------------------|---|---------------------|--|
|               | First Name                             | Middle Name   | Last Name                          |   |                     |  |
| 22 Ha         | ave you stored property                | in a storage unit or plac                                 | e other than your home within      | 1 year before you filed for bankruptcy?   | ,                   |  |
|               | No.                                    |   |                                    |   |                     |  |
| 7             | Yes. Fill in the details.              |   |                                    |   |                     |  |
| _             |  | Who   | else has or had access to it?      | Describe the contents   | Do you still        |  |
|               |  |   |                                    |   | have it?            |  |
| Part          | Identify Property                      | You Hold or Control for Sor                               | neone Else                         |   |                     |  |
|               |  |   |                                    |   | and hald in America |  |
|               | o you noid or control ar<br>r someone. | ly property that someone                                  | else owns? include any prope       | rty you borrowed from, are storing for,   | or nota in trust    |  |
|               | ■ NI.                                  |   |                                    |   |                     |  |
| _             | No.                                    |   |                                    |   |                     |  |
| ᆫ             | Yes. Fill in the details.              | Whor  | e is the property?                 | Describe the property   | Value               |  |
|               |  | VVIICI  | e is the property:                 | bescribe the property   | value               |  |
| Part          | 10: Give Details Abou                  | t Environmental Informatio                                | on                                 |   |                     |  |
| For the       | e purpose of Part 10. th               | e following definitions ap                                | polv:                              |   |                     |  |
|               |  | ,   | , ,                                |   |                     |  |
| haz           | zardous or toxic substa                | nces, wastes, or materia                                  |                                    | ning pollution, contamination, releases<br>water, groundwater, or other medium,<br>stes, or material. |                     |  |
|               | -                                      | acility, or property as de<br>or utilize it, including di | <del>-</del>                       | law, whether you now own, operate, or   | utilize             |  |
|               |  | s anything an environme<br>terial, pollutant, contami     |                                    | s waste, hazardous substance, toxic   |                     |  |
| Report        | t all notices, releases, a             | nd proceedings that you                                   | know about, regardless of whe      | en they occurred.   |                     |  |
| 24 <b>H</b> a | as any governmental ur                 | it notified you that you n                                | nay be liable or potentially liabl | e under or in violation of an environme   | ental law?          |  |
|               | No.                                    |   |                                    |   |                     |  |
| _             | Yes. Fill in the details.              |   |                                    |   |                     |  |
|               | Tes. I ili ili tile details.           | Gove  | rnmental unit                      | Environmental law, if you know it   | Date of notice      |  |
|               |  |   |                                    |   |                     |  |
| 25 <b>Ha</b>  | ave you notified any go                | vernmental unit of any re                                 | lease of hazardous material?       |   |                     |  |
|               | No.                                    |   |                                    |   |                     |  |
|               | Yes. Fill in the details.              |   |                                    |   |                     |  |
|               | _                                      | Gove  | rnmental unit                      | Environmental law, if you know it   | Date of notice      |  |
| 00            |  |   |                                    |   |                     |  |
| 20 Ha         | ave you been a party in                | any judicial or administr                                 | ative proceeding under any env     | vironmental law? Include settlements a  | na oraers.          |  |
|               | No.                                    |   |                                    |   |                     |  |
|               | Yes. Fill in the details.              |   |                                    |   |                     |  |
|               |  | Court   | or agency                          | Nature of the case  | Status of the case  |  |
|               | a: 5 / 11 A1                           |   |                                    |   |                     |  |
| Part '        | Give Details Abou                      | t Your Business or Connec                                 | tions to Any Business              |   |                     |  |
| 27 <b>W</b>   | ithin 4 years before you               | ı filed for bankruptcy, did                               | l you own a business or have a     | ny of the following connections to any  | business?           |  |
|               | A sole proprietor                      | or self-employed in a trac                                | le, profession, or other activity, | either full-time or part-time   |                     |  |
|               | A member of a lim                      | ited liability company (LI                                | _C) or limited liability partnersh | iip (LLP)   |                     |  |
|               | A partner in a part                    | nership   |                                    |   |                     |  |
|               | An officer, directo                    | r, or managing executive                                  | of a corporation                   |   |                     |  |
|               | =                                      |   | uity securities of a corporation   |   |                     |  |
| _             | _                                      |   |                                    |   |                     |  |
|               | ='<br>=                                | applies. Go to Part 12.                                   |                                    |   |                     |  |
|               | Yes. Check all that app                | oly above and fill in the de                              | tails below for each business.     |   |                     |  |
|               |  |   |                                    |   |                     |  |
|               |  |   |                                    |   |                     |  |
|               |  |   |                                    |   |                     |  |
|               |  |   |                                    |   |                     |  |

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| Debtor 1    | Kimberly                                | Rachael                        | Gillum                            | Case Number (if known)   |     |
|-------------|---|--------------------------------|-----------------------------------|--|-----|
|             | First Name                              | Middle Name                    | Last Name                         |  |     |
|             | nin 2 years before itutions, creditors, |                                | you give a financial statement    | to anyone about your business? Include all financial   |     |
|             | No.                                     |                                |                                   |  |     |
|             | Yes. Fill in the deta                   | ils.                           |                                   |  |     |
|             |   | Date iss                       | ued                               |  |     |
| Part 12     | Sign Below                              |                                |                                   |  |     |
| in co       |   | nkruptcy case can result in fi | •                                 | g property, or obtaining money or property by fraud<br>nment for up to 20 years, or both.          |     |
| ×           | /s/ Kimberly Rac                        | chael Gillum                   | _ <b>x</b>                        |  |     |
|             | Signature of Debto                      | r 1                            | Signature of                      | Debtor 2   |     |
|             | Date 08/05/2016<br>MM / DD /            |                                | Date                              | DD / YYYY  |     |
| Did y       |   | al pages to Your Statement o   | f Financial Affairs for Individue | als Filing for Bankruptcy (Official Form 107)?   |     |
| □ Y         | 'es                                     |                                |                                   |  |     |
| Did y       | ou pay or agree to                      | pay someone who is not an a    | attorney to help you fill out bar | kruptcy forms?   |     |
| <u> </u>    | lo                                      |                                |                                   |  |     |
| <u></u> □ ν | es. Name of perso                       | on                             |                                   | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119 | ۱). |

Eilad 09/17/16 Entered 08/17/16 10:43:31 Desc Main Fill in this information to identify your case: Kimberly Rachael Gillum Debtor 1 Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS EASTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

#### Official Form 108

### **Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

**List Your Creditors Who Have Secured Claims** 

- creditors have claims secured by your property, or
- $\blacksquare$  you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ☐ Surrender the property Creditor's □ No name: **ALLY Financial** Retain the property and redeem it Yes Retain the property and enter into a Description of 2012 Hyundai Elantra with over 65,000 miles Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_\_\_\_ ☐ Surrender the property □ No Creditor's name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: □ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: \_\_\_\_ securing debt:

Part 2:

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**List Your Unexpired Personal Property Leases** 

| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |   |                            |  |  |
|--|---|----------------------------|--|--|
| Describe your unexpired personal property lease:   | s   | Will the lease be assumed? |  |  |
| Lessor's name:   |   | ☐ No                       |  |  |
| Description of leased property:  |   | ☐ Yes                      |  |  |
| Lessor's name:   |   | □ No                       |  |  |
| Description of leased property:  |   | ☐ Yes                      |  |  |
| Lessor's name:   |   | □ No                       |  |  |
| Description of leased property:  |   | ☐Yes                       |  |  |
| Lessor's name:   |   | No                         |  |  |
| Description of leased property:  |   | □Yes                       |  |  |
| Lessor's name:   |   | No                         |  |  |
| Description of leased property:  |   | □Yes                       |  |  |
| Lessor's name:   |   | □ No                       |  |  |
| Description of leased property:  |   | □Yes                       |  |  |
| Lessor's name:   |   | □ No                       |  |  |
| Description of leased property:  |   | ☐ Yes                      |  |  |
| Part 3: Sign Below   |   |                            |  |  |
| Under penalty of perjury, I declare that I have indicated bersonal property that is subject to an unexpired lease  | d my intention about any property of my estate that secures | a debt and any             |  |  |
| /s/ Kimberly Rachael Gillum Signature of Debtor 1  | Signature of Debtor 2                                       | <u> </u>                   |  |  |
| Date   | Date  |                            |  |  |
| MM / DD / YYYY   | MM / DD / YYYY  |                            |  |  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re   |   |   |
|---|---|---|
| Kimberly Rachael Gillum / Debtor  | Case N  | 0:  |
|   | Chapter   | r: Chapter 7                              |
| DISCLOSURE OF CO  | OMPENSATION OF ATTORNEY FOR D                   | DEBTOR                                    |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing of rendered or to be rendered on behalf of the debtor(s) in conte | the petition in bankruptcy, or agreed to be I   | paid to me, for services                  |
| For legal services, I have agreed to accept   | \$2,295.00                                      |   |
| Prior to the filing of this statement I have received   | \$1,865.00                                      |   |
| Balance Due   | \$430.00  |   |
| 2. The source of the compensation paid to me was:   |   |   |
| Debtor(s) Other: (specify   |   |   |
| 3. The source of compensation to be paid to me is:  |   |   |
|   |   |   |
| other. (speerly   | e ea a a a a                                    | 1 1 1                                     |
| I have not agreed to share the above-disclosed compof my law firm.  | pensation with any other person unless they     | y are members and associates              |
| Lhave arread to above the above displaced arrange   |   |   |
| I have agreed to share the above-disclosed compen   |   |   |
| <ol><li>In return for the above-disclosed fee, I have agreed to re<br/>case, including:</li></ol>   | inder legal service for all aspects of the bank | kruptcy                                   |
|   |   |   |
| <ul> <li>Analysis of the debtor's financial situation, and reroankruptcy;</li> </ul>  | ndering advice to the debtor in determining     | whether to file a petition in             |
|   |   |   |
| b. Preparation and filing of any petition, schedules, st  | atements of affairs and plan which may be i     | required;                                 |
| c. Representation of the debtor at the meeting of cred  | itors and confirmation hearing, and any adju    | ourned hearings thereof;                  |
|   |   |   |
| <b>6.</b> By agreement with the debtor(s), the above-disclosed fe   | e does not include the following service:       |   |
| Fee does NOT include missed meeting or court  | dates, amendments to schedules, advers          | sary complaints or conversions to another |
| chapter, judicial lien avoidances, dischargeability actions, other  | ner contested matters except the first meetin   | g of creditors.                           |
|   | CERTIFICATION                                   |   |
| I certify that the foregoing is a complete payment to   | e statement of any agreement or arrangemer      | nt for                                    |
| me for representation of the debtor(s) in this  | s bankruptcy proceedings.                       |   |
| Date: 08/05/2016  | /s/ Adam Emil Suchy                             |   |
| Date  | Signature of Attorney                           |   |
|   | Geraci Law L.L.C.                               |   |
|   | Name of law firm                                |   |

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Date: 5/4/2016

Consultation Attorney: ADD

Record #: 709-594



### **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following

| terms and conditions:  | me   | )  |   |                                      |
|--|--|--|---|--------------------------------------|
| terms and conditions:  Attorney fees for the Chapter 7 bankr for credit counseling or financial manacase, and upon the information I have to change, and this fee may have to be preparation of my bankruptcy petition my creditors and myself, but does NO amendments to schedules, work on a hearings, other contested matters or work done on these matters, we bill to \$125/hr paralegal time. I agree that m | e provided to date. If any informa-<br>be adjusted. This fee includes a<br>specific successive work cause<br>audits or asset cases, objection<br>motions, or adversary proceeding<br>the tween \$275/hr and \$450/hr for | all work in the representation of my<br>nts, first341 meeting, reaffirmations<br>sed by you, missed341 meetings, re<br>s to exemptions, conversion to ano<br>ngs, because these cannot be pred<br>r attorney time, based on the attorn | normal Chapter7, inc<br>, normal corresponder<br>opening the case,<br>ther chapter, evidentia<br>icted in setting a flat fo | luding<br>nce with<br>ary<br>ee. For |
| Fees are "flat fees" and "advance par<br>into the firm's operating account. Pay<br>found a flat fee is cheaper and benef   | ments are applied to the "flat to<br>its you. If this contract is termin   | ee" Ynii may eleci lo be biileu dii a  | ig of the case, the firm  | n will                               |

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

**Debts not discharged** if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues, or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Kimberly Rachael Gillum / Debtor

Bankruptcy Docket #:

Judge:

| <b>VERIFIC</b> | ATION | $\triangle$ E | CDEDI: |     | RAAT | <b>TDIV</b> |
|----------------|-------|---------------|--------|-----|------|-------------|
| VERIFIC        | AIIUN | UF            | CKEDI  | IUR | IVIA |             |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 08/05/2016 /s/ Kimberly Rachael Gillum

Kimberly Rachael Gillum

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Kimberly

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 08/05/2016   | /s/ Kimberly Rachael Gillum |  |  |
|---------------------|-----------------------------|--|--|
|                     | Kimberly Rachael Gillum     |  |  |
| D. I. J. 00/05/0040 | /o/ Adam Emil Occiden       |  |  |
| Dated: 08/05/2016   | /s/ Adam Emil Suchy         |  |  |
|                     | Attorney: Adam Emil Suchy   |  |  |

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|              | Kimberly  | Rachael   | Gillum  | Case Number (if know   | n)  |  |
|--------------|---|---|---|--|---|--|
| otor 1       | First Name  | Middle Name   | Last Name   |  |   |  |
|              |   |   |   |  |   |  |
| art 6:       | Answer These Question                                     | ns for Reporting Purposes   |   |  |   |  |
|              | hat kind of debts do<br>ou have?                          | as "incurred by an No. Go to line   | individual primarily for a personal | <b>?</b> Consumer debts are defined<br>nal, family, or household purpo | l in 11 U.S.C. § 101(8)<br>ose."                |  |
|              |   | Yes. Go to line   | e 17.   |  |   |  |
|              |   | money for a busine  | ess or investment or through t  | * Business debts are debts that he operation of the business or        | t you incurred to obtain<br>r investment.       |  |
|              |   | ∐No. Go to line<br>∐Yes. Go to line   | e 17.   |  |   |  |
|              |   | 16c. State the type of d  | ebts you owe that are not con   | sumer debts or business debts  | 5.  |  |
|              |   |   |   |  |   |  |
|              | re you filing under<br>Chapter 7?                         | <del></del>   | g under Chapter 7. Go to line   |  |   |  |
|              | o you estimate that afte                                  |   | nder Chapter 7. Do you estim<br>ve expenses are paid that fund  | ate that after any exempt prope<br>ds will be available to distribute  | erty is excluded and to to unsecured creditors? |  |
|              | ny exempt property is                                     | No.   |   |  |   |  |
| a            | dministrative expenses                                    | ∐Yes.   |   |  |   |  |
| 8            | are paid that funds will be<br>available for distribution | <b>.</b>  |   |  |   |  |
|              | o unsecured creditors?                                    |   |   |  | Flor 004 50 000                                 |  |
| 3. I         | low many creditors do                                     | 1-49  | ☐ 1,000-8   |  | 25,001-50,000<br>50,001-100,000                 |  |
| 3            | ou estimate that you                                      | 50-99   | □ 5,001- <sup>-</sup><br>□ 10,001   |  | ☐ More than 100,000                             |  |
| •            | owe?  | ☐ 100-199<br>☐ 200-999  | <b>_</b> 10,000   |  |   |  |
|              | _   | \$0-\$50,000  | ☐ \$1,000   | ,001-\$10 million  | □\$500,000,001-\$1 billion                      |  |
|              | How much do you estimate your assets to                   | \$50,001-\$100,00   | 00 \$10,00  | 0,001-\$50 million   | \$1,000,000,001-\$10 billion                    |  |
|              | be worth?   | \$100,001-\$500,0   | 000 🗆 \$50,00   | 0,001-\$100 million  | \$10,000,000,001-\$50 billion                   |  |
|              | DC VIOLEN   | □ \$500,001-\$1 mill  |   | 00,001-\$500 million   | ☐More than \$50 billion                         |  |
| ************ | · · · · · · · · · · · · · · · · · · ·                     | \$0-\$50,000  | <b>\$1,000</b>  | ,001-\$10 million  | \$500,000,001-\$1 billion                       |  |
|              | How much do you estimate your liabilities                 | \$50,001-\$100,00   | 00 \$10,00  | 0,001-\$50 million   | \$1,000,000,001-\$10 billion                    |  |
|              | to be?  | \$100,001-\$500,0   | 000 🗖 \$50,00   | 0,001-\$100 million  | \$10,000,000,001-\$50 billion                   |  |
|              | to be:  | □ \$500,001-\$1 mill  |   | 000,001 <b>-</b> \$500 million   | ☐ More than \$50 billion                        |  |
| Pari         | 7: Sign Below   |   |   |  |   |  |
| rail         | Sign Below  |   | actition, and I declare under n   | enalty of perjury that the inform                                      | nation provided is true and                     |  |
| Fory         | /ou   | correct.  | Jetition, and I dodalo and p  |  |   |  |
|              |   | of title 11, United Stat<br>under Chapter 7.  | es Code. I understand the reli  | that I may proceed, if eligible,<br>ef available under each chapte     | <del>,</del>                                    |  |
|              |   | this document, I have   | obtained and read the notice  | required by 11 0.0.0. 3 04±(2)   |   |  |
|              |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection |   |  |   |  |
|              |   | I understand making with a bankruptcy cas<br>18 U.S.C. §§ 152, 13   | se can result in tines up to \$25   | property, or obtaining money o<br>0,000, or imprisonment for up        | to 20 years, or both.                           |  |
|              |   | Signature of De   | he ut   | Signatu  | ure of Debtor 2                                 |  |
|              |   | Executed on _   | 8 1 12016   | Execut   | MM / DD / YYYY                                  |  |
| É            |   |   | MM / Dib( / YYYY  |  |   |  |

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| Fill in this inf    | formation to identif     | y your case:                    |                     |
|---------------------|--------------------------|---------------------------------|---------------------|
| Debtor 1            | Kimberly                 | Rachael                         | Gillum              |
| D00.0. 1            | First Name               | Middle Name                     | Last Name           |
| Debtor 2            |                          |                                 | Last Name           |
| (Spouse, if filing) | First Name               | Middle Name                     | Last Name           |
| United States       | Bankruptcy Court for the | ne: <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| Case Number         |                          |                                 | (Glaic)             |
| (if known)          |                          |                                 |                     |

### Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorney to he   | elp you fill out bankruptcy forms?  |
| No Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
| Under penalty 69 perjury, I declare that I have read the summary a | nd schedules filed with this declaration and that they are true and                           |
| Signature of Debtor 1  | Signature of Debtor 2   |
| Date : <u>S/ /2016</u><br>MM / DD / YYYY                           | DateMM / DD / YYYY  |

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|   | Kimberly  | Rachael             | Gillum                        | Case Number (if known)   |  |  |  |  |  |  |
|---|---|---------------------|-------------------------------|--|--|--|--|--|--|--|
| Debtor 1  | First Name  | Middle Name         | Last Name                     |  |  |  |  |  |  |  |
| 28 Wi<br>ins  | thin 2 years before<br>stitutions, creditors<br>No.<br>Yes, Fill in the deta  | , or other parties. | d you give a financial statem | ent to anyone about your business? Include all financial   |  |  |  |  |  |  |
| -   |   |                     | ssued                         | 95-21-22-22-22-22-22-22-22-22-22-22-22-22-   |  |  |  |  |  |  |
| Part 1  | 2: Sign Below   |                     |                               |  |  |  |  |  |  |  |
| ans in c  | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date  MM / DD / YYYY  Date  MM / DD / YYYY |                     |                               |  |  |  |  |  |  |  |
| Dic   | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |                     |                               |  |  |  |  |  |  |  |
|   | No<br>]Yes  |                     |                               |  |  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |   |                     |                               |  |  |  |  |  |  |  |
| 1 -   | No<br>Yes. Name of per  | rson                |                               | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
| 8   |   |                     |                               |  |  |  |  |  |  |  |

Case 16-26378 Doc 1 Filed 08/17/16 Entered 08/17/16 10:43:31 Desc Main Document Page 53 of 57 Case Number (if known) Gillum Rachael Kimberly Debtor 1 Last Name Middle Name List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: □No Lessor's name: Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any

personal property that is subject to an unexpired lease.

| ×  | 1    | NAMOUN.           | _ |
|----|------|-------------------|---|
| •• | Sign | ature of Debtor 1 |   |

Signature of Debtor 2

MM / DD / YYYY

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DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entityin connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider; or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foredosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized Jany money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the

bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!! X Date & Sign /2016 Dated: Rachael Gillum

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Kimberly Rachael Gillum / Debtor

Bankruptcy Docket #:

Judge:

## VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Kimberly Rachael Gillum

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| B-67 '                                  | Kimberly   | Rachael  | Gillum                             | C                                       | ase Number (if known) _ |   |   |
|---|--|--|------------------------------------|---|-------------------------|---|---|
| Debtor 1                                | First Name                                       | Middle Name  | Last Name                          |   |                         |   | venotion  |
|   |  |  |                                    | 2000                                    | alumn A                 | Column B                                | ***************************************   |
|   |  |  |                                    | .0                                      | ebtor 1                 | Debtor 2 or<br>non-filing spouse        |   |
|   |  |  |                                    | ¥2                                      |                         | Holl-wing above                         | ***************************************   |
|   |  |  |                                    |   | \$1,447.20              | \$0.00                                  | ***************************************   |
| 8. Une                                  | nployment compens                                | ation  | ,                                  | -                                       |                         |   | ***************************************   |
| Dor                                     | ot enter the amount if                           | you contend that the amount<br>Act. Instead, list it here:       | t received was a benefit           |   |                         |   |   |
|   |  |  |                                    |   |                         |   | ***************************************   |
| }                                       | =  |  |                                    |   |                         |   |   |
| For                                     | your spouse                                      |  |                                    |   |                         |   |   |
|   |  | m  | eaunt received that was a          |   |                         | 40.00                                   |   |
| 9. Per                                  | sion or retirement in<br>efit under the Social S | come. Do not include any an<br>Security Act.                     | IOUNT Teceived that was a          | _                                       | \$0.00                  | \$0.00                                  |   |
| 1                                       |  |  | oify the source and amount.        |   |                         |   |   |
|   |  | ources not listed above. Spe<br>its received under the Social    |                                    | eived                                   |                         |   |   |
| 3                                       |  | . a came adainst humanity. C                                     | i illellational of domests         |   |                         |   | ***************************************   |
|   |  |  | e page and put the total on lin    | ie 100.                                 | \$357.00                | \$ 0.00                                 | ***************************************   |
| 10a                                     | Other Governm                                    | ent Assistance   |                                    | •                                       | \$ 0.00                 | \$0.00                                  | NAMES OF THE PERSONS |
| 10k                                     |  |  |                                    | •                                       |                         |   | ,   |
| 3                                       |  | separate pages, if any.  |                                    |   | \$357.00                | \$0.00                                  |   |
| 1                                       |  |  | oos 2 through 10 for each          |   | \$1.804.20 +            | \$0.00 =                                | \$1,804.20  |
| 11. Ca                                  | iculate your total cur                           | rent monthly income. Add lir<br>tal for Column A to the total fo | or Column B.                       |   | \$1,004.20 T            |   |   |
|   | uniii. Illeii aca ale ie                         |  |                                    |   |                         |   | No.   |
|   |  |  |                                    |   |                         |   |   |
| Part                                    | 2. Determine Wh                                  | ether the Means Test Applies                                     | to You                             |   |                         |   | ***************************************   |
|   |  |  |                                    |   |                         | r                                       |   |
| 3                                       | Iculate your current                             | monthly income for the year                                      | ne 11                              |   | Copy line 11 here       | 12a.                                    | \$1,804.20  |
| 12                                      |  |  |                                    |   |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | x 12  |
| -                                       |  | e number of months in a year                                     |                                    |   |                         | 12b.                                    | \$21,650.40   |
| 12                                      | . The result is your                             | annual income for this part o                                    | f the form.                        |   |                         | · [                                     | <b>V21,000</b> 110  |
|   |  | amily income that applies to                                     | vou. Follow these steps:           |   |                         |   | 000   |
| 13. C                                   | liculate the median is                           | Auth income diar applies to                                      | ,                                  |   |                         |   |   |
| Fi                                      | I in the state in which                          | you live.  | IL                                 |   |                         |   |   |
|   |  |  | 2                                  |   |                         |   |   |
| Fi                                      | I in the number of peo                           | pple in your household.  |                                    |   |                         | _                                       |   |
| _                                       |  | in name for your state and sit                                   | ze of household                    |   |                         | 13.                                     | \$63,896.00   |
|   |  | I amounte (  | an online lising the lillk succill | Ed ill file acharate                    |                         |   |   |
| in                                      | structions for this form                         | n. This list may also be availa                                  | ble at the bankruptcy clerk's o    | office.                                 |                         |   |   |
|   |  |  |                                    |   |                         |   |   |
| 14. H                                   | ow do the lines comp                             | pare?  |                                    |   |                         |   |   |
| 14                                      | a vine 12b is less                               | than or equal to line 13. On                                     | the top of page 1, check box       | <ol> <li>There is no presult</li> </ol> | mption of abuse.        |   |   |
| '                                       | Go to Part 3.                                    |  |                                    |   |                         |   |   |
| 14                                      | h [] ine 12h is mo                               | re than line 13. On the top of                                   | page 1, check box 2, The pre       | esumption of abuse is                   | determined by Form      | 122A-2.                                 |   |
| 1*                                      | Go to Part 3 ar                                  | nd fill out Form 122A-2.   |                                    |   |                         |   |   |
|   |  |  |                                    |   |                         |   |   |
| Pai                                     | 13: Sign Below                                   |  |                                    |   |                         |   |   |
|   | By signing here.                                 | I declare under penalty of pe                                    | rjury that the information on th   | nis statement and in a                  | any attachments is tru  | e and correct.                          | •   |
|   | ( , 0  | 111000   | <del>/</del>                       |   |                         |   |   |
|   | 1 Dm   | my Ir  | <b>/</b> \                         |   |                         |   |   |
| *************************************** | <del>×4 )</del>                                  | Kimberly Rachael Gill  | im                                 |   |                         |   |   |
| *************************************** | · /  |  |                                    |   |                         |   |   |
|   | <u> </u>   | 10010  |                                    |   |                         |   |   |
|   | Date::   | <u>)                                    </u>                     |                                    |   |                         |   |   |
| *                                       | if you checked li                                | ne 14a, do NOT fill out or file                                  | Form 122A-2.                       |   |                         |   |   |
| A                                       |  |  |                                    |   |                         |   |   |
| ******                                  | If you checked li                                | ne 14b, fill out Form 122A-2                                     | and hie it with this form.         |   |                         |   | en e  |

Form B 201A, Notice to Consumer Debtor(s)

In re Kimberly Rachael Gillum / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Kimberly Rachael Gillum

X Date & Sign

Dated: /2016

Adam Emil Suchy ttorney:

709594 Record #

Form B 201A, Notice to Consumer Debtor(s)

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